VS A15 (4) 1SM 10/57

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067

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

| | J | 000 | | | Reg. Dist. No. |
|--|---|--|---|---|--|
| 1. PLACE OF DEATH o. COUNTY | Dorchester | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE Maryle | ere deceased lived. If institution in the best countries in the countries of the countries | ution: Residence before odmission) IY Dorchester |
| b. CITY OR TOWN RURAL ond give | (If outside corporate limits, write nearest town) Cambridge | entire life | c. CITY OR TOWN (If o | | RURAL and give nearest tawn) |
| d. NAME OF HOS | PITAL (If not in hospitol, give stre Cambridge-Mary. | | d. STREET ADDRESS 303 Se | omerset Ave., | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | First Mary | Robinson | Andrews | | 6,1959 Day Year |
| S. SEX Female | 771 0 1 | ARRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH Sept. 14,190 | 9. AGE (In year lost butbdoy) | rs IF UNDER I YEAR IF UNDER 24 HR Months Doys Haurs Min. |
| during most of we Homemake | orking life, even it refired) | b. KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stole Cambridge | | 12. CITIZEN OF WHAT COUNT |
| 13. FATHER'S NAME | J.Fdgar Robins | on | 14. MOTHER'S MAIDEN N Mollie Ha | IAME | |
| 15. WAS DECEASED EV (Yes, no. or unknown) No | VER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service) | | NFORMANT lter B. Andrew | | et Ave., Cambridge |
| PART I. D | | line for (o), (b), ond (c).] Uremia | | | INTERVAL BETWEEN ONSET AND DEATH 5-6 days |
| Canditians, if gove rise to couse (a), statin | immediate (Dus To | Epithelial Sarc | oma of poster | ior nasophary | ynx 15 months |
| VOLUME IN PART II. O | | Generalized sars | | NAL DISEASE CONDITION G | 5 months SIVEN IN PART I(o) 19. WAS AUTOPS: PERFORMED? YES \(\text{NO.FE} \) NO.FE |
| 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF | VAS UNDERLYING 206. DI | ESCRIBE HOW INJURY OCCURREN | D. (Enter noture of injury in F | ort I or Part II of item 18.) | NO LI NO G |
| 20c. TIME OF INJU Hour o. m p. m | Whi | | ACE OF INJURY (Home, form, street, affice bldg., etc. | 20f. (City or town) | (County) (Stote |
| ACTUAL SIGNATURE | | 00 | accurred at 7:00 | M, fram the causes ADDRESS (Street, city or taw | and an the date stated aba n, state) DATE SIGN CIDEN DATE SIGN |
| REMOVAL (Specif | May 29,1959 | 22c. NAME OF CEMETERY OF Dorchester Me | emorial Park | 22d. LOCATION (City, lown Cambridge, M | |
| 23. HUNERAL DIRECTO | OR'S SIGNOTURE | ADDRESambridge | | | GISTRAR'S SIGNATURE |

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PHYSICIAN'S NAME (Type) GOO 22a. BURIAL, CREMATION REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

5-16-59

| | | MARYL | AND | STATE DEPA | ARTM | ENT OF H | EALTH | H-BAL | TIMORE, 1 | 8 | , |) Pr pr | A 101 |
|---------------|--|--|-------------------------------|------------------------------------|-----------------|--|--------------------------|-------------------------------|--|-----------------------------------|-------------|---------------|------------------------|
| | | | 55 | 64 CERT | IFICA | ATE OF D | EATH | 4 | | Reg. D | ist. No. | 100 | 47 |
| | PLACE OF DEATH a. COUNTY Dor | chester | | MAR | YLAND | a. STATE | ence (whe | | d lived. If institution b. COUNTY | | oline | | on) |
| | RURAL and give nec | autside corporate limit arest town) bridge | s, write | LIVY 8mo 1 | | | own (if o | | rate limits, write RI | URAL ond | | st tawn | 1 |
| | d. NAME OF HOSPITA OR INSTITUTION | AL (If not in hospital, gi | | | tal | d. STREET AC | DDRESS | | | | | IS REST | DENCE FARM? NO 🔀 |
| 3. | NAME OF DECEASED (Type or print) | Firs C O | oper | Middle | | lost Bick] | ling | 4. DATE OF DEATH | Man | th av | Day | | ear 959 |
| S. | Male | 6. COLOR OR RACE | 7. MARRI WIDOWE | | 1000 | B. DATE OF BIRTH | | 1878 | 9. AGE (In years last birthdoy) 80 yrs. | Months | R 1 YEAR IF | UNDE Haurs | R 24 HRS. Min. |
| | during most of worki | N (Give kind of work ding life, even if retired) | one 10b. I | KIND OF BUSINESS (| OR INDUS | Mary] | land | | ountry) | | J.S.A. | | DUNTRY? |
| | | C. Bicklin | | | | 14. MOTHER'S | | | | | | | |
| | WAS DECEASED EVER s, no, or unknown) [I] [I] [I] | IN U. S. ARMED FORC If yes, give wor or dates of se | rvice) | social security no $1-10-091$ | 4. | RECORDS: | Eas | tern S | hore Sta | | ospita | 11 | |
| | PART I, DEAT | n mediote | Ar | e for (o). (b), ond (c) rterioscle | rotio | | | se | | | Set | VAL BET | rs. |
| CERTIFICATION | lying couse lost. | (c) | DITIONS C | ONTRIBUTING TO DE | ATH BUT | NOT RELATED TO | THE TERMI | INAL DISEAS | E CONDITION GIV | EN IN PA | | PERFOR | UTOPSY MED? |
| | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY C | CCURRE | D. (Enter noture of | injury in I | Port I or Por | t II of item 1B.) | 7.4 | | | |
| MEDICAL | 20c. TIME OF INJURY Hour a.m. p. m. | Month, Doy, Yea | r 20d. IN While at wark | Not while at wark | 20e. PL/ foo | ACE OF INJURY (H tory, street, office | lome, farm bldg., etc | n, 20f. (City | or town) | | (County) | | (State) |
| | ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Ge C | erize E. Cur | rier, | M.D. | t deoth | occurred ato m.b. Easter stern Sho | cn Sh | M, from ADDRESS (Some State F | treet, city or town, tate Hosp Hospital, | d an th stote) ital Cami | oridge | DATI | above. SIGNED 13-59 |
| 220 | BURIAL CREMATION | 22b. DATE THEREO | F | 22c NAME OF CEN | STERY & | CREMATOR A | | 22d. LOCA | TION City, town. | x county) | 1 00 | State | me |

24a. REC'D BY REGISTRAR DATE MAY 1 5 '59

24b. REGISTRAR'S SIGNATURE CITTING S. Trans

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22a BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

ADDRESS

22c. NAME OF CEMETERY OF GREMATORY

24a. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

22d. LOCATION (City, tawn, ar caunty)

arthur & Kraus

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e. IS RESIDENCE

ON A FARM? YES NO P

Year

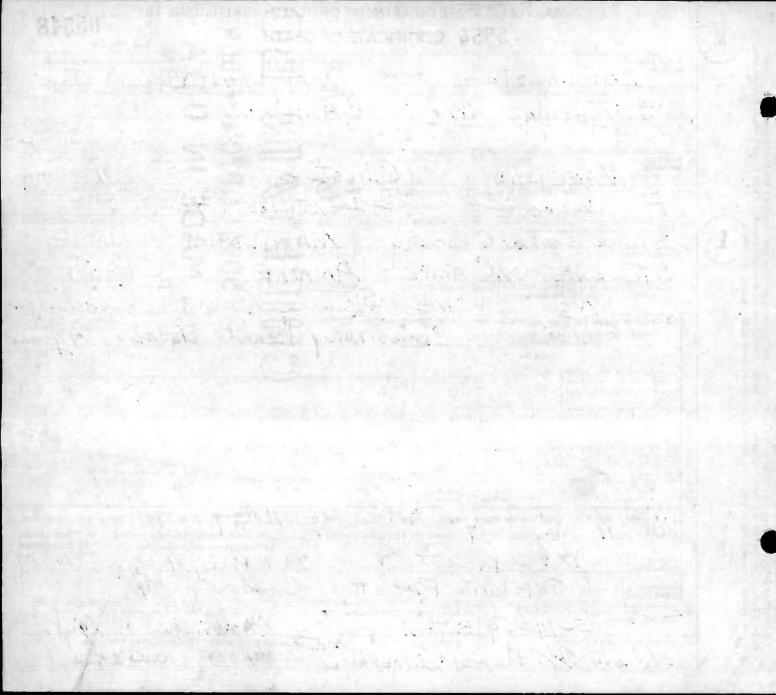
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PERFORMED? YES NO

(State)

DATE SIGNED

(State



24b. REGISTRAR'S SIGNATURE

arthur & Kraus

-24e: REC'D BY REGISTRAR

DATE MAY

5565 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside) corporate limits, write RURAL and give negrest town) RURAL ond give nearest town) uu d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF DECEASED First 4. DATE Middle Month Day Year (Type or print) DEATH 190 6. COLOR/OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. DIVORCED WIDOWED | 100-USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. BIRTHPLACE (Stote or foreign country) 12 CHIZEN OF WHAT COUNTRY? during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17-INFORMAN Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN AND; DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21. I certify that detended the deceased from. 19____,that I last saw the deceased alive an and that death accurred at //_ M. fram the causes and an the date stated above. ADDRESS (Sirpet, city or town, stote) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) AWYENCE Marhanor 270 BURIAL, CREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL-DIRECTOR'S SIGNATURE

ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5566 **CERTIFICATE OF DEATH** Reg. Dist. N. 5550

| | 1. PLACE OF DEATH o. COUNTY DOT | chester | MARYLAND | 2. USUAL RESIDENCE (W o. STATE Mary: | The second of | d. If institution b. COUNTY | 200 | befare admi | ssian) |
|-----|--|---|---|--|--|---|-----------------|-------------------|--------------------|
| | RURAL and give ned | outside carporate limits, write arest tawn) nbridge | c. LENGTH OF STAY IN 16 2yr.8mo.23das | c. CITY OR TOWN (IF | outside carporate | imits, write RI | JRAL and giv | re nearest tav | vn) 🗸 |
| 2 | d. NAME OF HOSPITA | AL (If not in hospitol, give street stern Shore Sta | address) | d. STREET ADDRESS | Lincoln A | venue | | ON | SIDENCE A FARM? |
| | 3. NAME OF DECEASED (Type or print) | First Laura | Middle Cassins | Lost | 4. DATE OF DEATH | Mon! Ma: | | Doy 14 | Year 19 59 |
| | 5. SEX | 6. COLOR OR RACE 7. MAR WIDOW | THE BUTTON TO THE PARTY OF THE | 8. DATE OF BIRTH 9-5-90 | lo | GE (In years st birthday) 68 yrs. | | YEAR IF UND | DER 24 HRS. |
| | during most of warki Housewi | N (Give kind af work done 10b. ng life, even if retired) | KIND OF BUSINESS OR INDU | Marylar | nd | | U. | S.A. | COUNTRY? |
| 100 | 13. FATHER'S NAME ? John | Willis | | 14. MOTHER'S MAIDEN | lazabet | h Arg | 0 | | |
| 1 | | IN U. S. ARMED FORCES? 16. | | NFORMANT ECORDS - East | tern Shor | Addr e Stat | *** | ital | |
| | PART I. DEAT 422 Canditians, if an gave rise to im cause (a), stating to lying cause lost. | y, which (b) | ronic Myocardi teriosclerosis | | MINAL DISEASE CO | NDITION GIV | EN IN PART | Sev. | yrs. |
| | 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a.m. | MEDICAL EXAMINER) Month, Day, Year 20d. While | £ | D. (Enter noture of injury in ACE OF INJURY (Home, far ctory, street, office bldg., et | m, 20f. (City ar to | | (Co | unty) | (Stote) |
| | 21. I certify the alive an May | simon Virkut 22b. DATE THEREOF 5-17-59 | is 22c. NAME OF CEMETERY O | CREMATORY | AM, from the ADDRESS (Street, Epital, Ca | causes and city or town, mbridge | d an the state) | date state DA 5-1 | |
| | William | HESRAM A | seo yetou | DATE M | IAY 1 8 '59 | | Thun & 1 | | |

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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5567 **CERTIFICATE OF DEATH**

05551 Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY | orchester | | MARYLAND | | UAL RESIDENCE (W STATE Mary] | | d lived. If institution b. COUNTY | on: Resident | | | ion) |
|---|---|-------------------------------|-------------------------------------|-----------------|--|------------------------|--|--------------------------------|----------------|-----------|----------------------------|
| b. CITY OR TOWN (I RURAL and give no Phodeso | If autside carporate limearest town) dale - Rura | its, write | c. LENGTH OF STAY IN 16 | c. X | CITY OR TOWN (IF | | rate limits, write R | URAL and g | give nec | rest town |) |
| OR INSTITUTION | TAL (If not in haspital,) | give street | address) | d. | STREET ADDRESS Eldor | rado | | | | | FARM? |
| 3. NAME OF DECEASED (Type or print) | Fi Mau | ide | Middle Foxwell | C | urtiss | 4. DATE OF DEATH | May | th | 29 | / | Year 1959 |
| S. SEX Female | 6. COLOR OR RACE White | 7. MARR | IED NEVER MARRIED DIVORCED DIVORCED | - | tober 6, | 1892 | 9. AGE (In years lost birthdoy) 66 yrs. | Months Months | 1 YEAR Days | Hours | R 24 HRS Min. |
| Housewor | king life, even if retired | done 10b. | KIND OF BUSINESS OR INDI | | Dorcheste | r Co., | | | J.S. | A. | OUNTRY |
| 13. FATHER'S NAME Francis | s J. Foxwel | 1 | | | nother's maiden Rebecca A | | es | | | | |
| 15. WAS DECEASED EVE (Yes, no, or unknown) | R IN U. S. ARMED FOI (If yes, give war or dates of | | | Miss | Theresa | E. Mur | phy. Rho | | Le, | Md., | RFD |
| PART I. DEA 175.0 Conditions, if a gove rise to i couse (o), stoling lying couse lost. | the under- | Car per | estinal Obstrcinoma of ova | ry w | ith metas | stases space. | to pellvi | | 8 | mon | ths |
| 20g. ACCIDENT WA | None AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | | CRIBE HOW INJURY OCCURR | | | | | | | PERFO | RMED? |
| 20c. TIME OF INJUR Hour o. m. p. m. | RY Manth, Day, Ye | ar 20d. II While of wor | _ Not while _ f | | INJURY (Home, for reet, office bldg., e | | or tawn) | ((| County) | | (Stote |
| 21. I certify the alive an Management of the alive an Management of the alive and the | U.R. S W. E. Ler | non non | | h accu _ M.D | Zed Feder | ADDRESS (S | the causes and treet city it town, g. Maryl: | d an the stote) ///// /// and | date | stated | d above E SIGNE 1, 1 |
| REMOVAL (Specify) | June 1, | 1959 | Eldorado Cer | mete: | ry | | orado, a | rylan | | | -1 |
| 23. FUNERAL DIRECTOR | om and Son | Fede | eral Source, Mar | y Lan | DATE | JUN 8 | | Criting | | | |

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| K ALLENDING PHISICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 | d by 's aspital ar attending physician. | RECTO. Firer this certificate has been signed by the attending physician and completely filled in by the final director. | det | ar ta burial, cremation, ar remaval, and in any event within 72 hours after death. |
| × | P | EC | 9e | b |

| MARYLAND | STATE | DEPARTMENT | OF HEALTH—BALTIMORE | 18 |
|----------|-------|-------------|---------------------|----|
| ~~~ | Item | 1c FilmG243 | 5-25-59 et | |

5568 CERTIFICATE OF DEATH (15552) Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Md. |
|--|--|
| b. CITY OR TOWN (If outside corporate limits, write - c. LENGTH OF STAY IN 1b RURAL and give nearest town) rural Cambridge 13 days | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR, INSTITUTION Eastern Shore State Hospital | d. STREET ADDRESS o. IS RESIDENCE on A FARM? YES \(\) NO \(\) |
| 3. NAME OF DECEASED (Type or print) Lewis Thomas D | Lost 4. DATE Month Day Yeor OF DEATH MAY 1959 |
| 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | 8. DATE-OF BIRTH DECZI 1889 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jost birthdoy) Wonths Days Hours Min. |
| 100. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) | England USA |
| Edward DougherTy | Emma Tyler |
| (Yes, no, or unknown) (If yes, give war or dates of service) | stern Shore StateHospital records |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), slating the under-lying couse lost. (b) DUE TO Lying couse lost. | Prostate Interval Between onset and Death |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \(\subseteq \) |
| | D. (Enter noture of injury in Port I or Port II of item 18.) |
| | ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bidg., etc.) |
| olive on 18, 1959, and that death | noccurred at 5.70fM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. E.S.S. Hospital, Cambridge, Md. 5-19-59 |
| NAME (Type) Thomas J. Dredge 220. SURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CEME | R CREMATORY 22d. LOCATION (City), lown/ or county) (Stote) |
| 23. FUNERAL DIRECTOR'S SIGNATURE DADDRESS | 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| Bradshow & Sons Cristile 7 | DATEMAY 2 0 '59 arthur & Kraus |

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| | | A Table 1 - A or To are Cate to many | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the capital or attending physician.

2 FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shau

may be retained by to FUNERAL DIRECTO

VS A15 (4) 15M 9/58

the registrar prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death

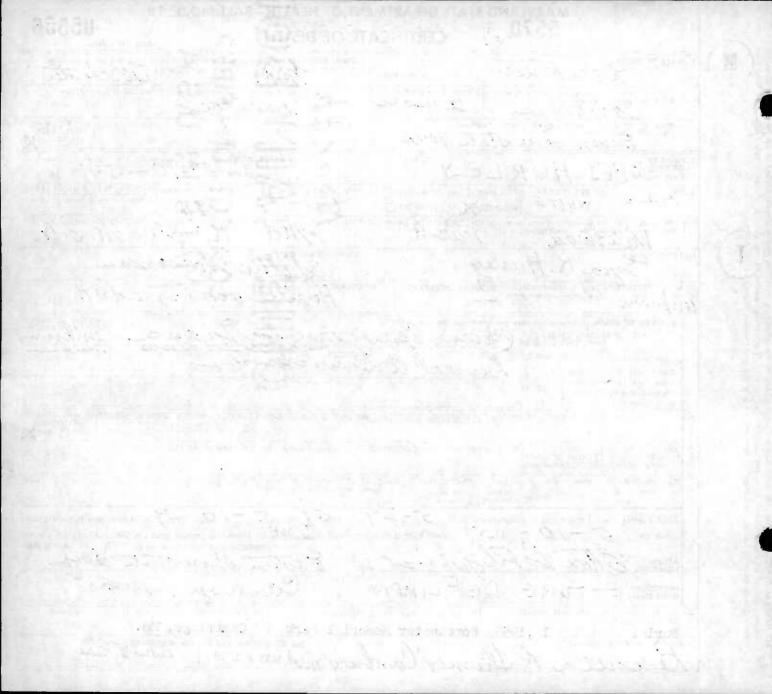
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5569 CERTIFICATE OF DEATH 05554

| | | | Ouk III IC | 0. 0 | | | Reg. Di | st. No. | | |
|----------------------------|---------------------------------------|-------------|------------------------|---|-----------------|---------------------------|------------|----------|-----------|--------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (V | Vhere deceased | | n: Residen | ice befo | re admiss | sion) |
| 0. 0001411 | Dorchester | | MARYLAND | Mary | land | b. COUNTY | Ce | cil | | |
| b. CITY OR TOWN | N (If outside corporate limits, | write c. | LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | f autside carpo | rate limits, write Rl | JRAL and | give nec | rest taw | n) 🗸 |
| KOKAL ONG GIV | Cambridge | 6 | yr.3mo.30das | Earl | ville | o' | 1 X - 0 | 2 | | |
| d. NAME OF HOS | SPITAL (If not in hospital, give | street odd | ress) | d. STREET ADDRESS | | | | | e. IS RES | SIDENCE A FARM? |
| OK IIIOIIIO | Eastern Shor | e Sta | te Hospital | - | | | | | | NO 🔼 |
| 3. NAME OF DECEASED | First | | Middle | Last | 4. DATE | Man | th | Da | у | Year |
| (Type or print) | Mary | | Elizabeth | Dixon | OF DEATH | Ma | У | 20 | | 19 59 |
| 5. SEX | 6. COLOR OR RACE 7. | MARRIED | NEVER MARRIED | B. DATE OF BIRTH | | 9. AGE (In years | IF UNDER | | | 7 |
| F | White w | IDOWED 2 | DIVORCED 🗌 | 5-5-74 | 8.0 | last birthday) 85 yrs. | Manths | Days | Hours | Min. |
| 10a. USUAL OCCUPA | ATION (Give kind of work dan | e 10b. KIN | D OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Sto | te ar fareign c | ountry) | 12. CITI | IZEN OF | WHAT | COUNTRY |
| | working life, even if retired) | | - | Maryla | nd | | U | J.S. | A. | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | | | | | | |
| John Her | ary Timms | | | Mary Eliz | sheth (| Conrov | | | | |
| 15. WAS DECEASED! | EVER IN U. S. ARMED FORCES | 37 16. SOC | CIAL SECURITY NO. | NFORMANT | a D 6 011 | Addr | ess | | 10.0 | - |
| (Yes, no, or unknown) | (If yes, give war or dates of service | (e) | _ R | ECORDS - Eas | tern Si | nore Stat | e Hos | enit. | al | |
| | DEATH [Enter anly ane cause | ner line fo | | | 00211 -1 | 1010 0000 | 0 | | RVAL BE | ETWEEN. |
| | DEATH WAS CAUSED BY: | | | | | | | | | DEATH |
| 1100 | IMMEDIATE CAUSE (o) | Chr | onic Myocard | itis | | | | - | | |
| 4 dd | DUE TO | Con | eralized Art | teams [acalera | | | | | | |
| Canditians, i | fany, which) (b)_ | dell | elatized vi. | elitoscielosi | .5 | | | | | |
| gave rise to | immediate (| | | | 300.0 | | | | | |
| lying couse lo | ing the <u>under-</u> | | | | | | | | | |
| _ | OTHER SIGNIFICANT CONDIT | IONS CON | TRIBUTING TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEAS | E CONDITION GIV | EN IN PAR | T 1(o) 1 | 9. WAS | AUTOPSY |
| PART II. | | | | | | | | | PERFC | NO 3 |
| O ACCIDENT | WAS THEREDINANCE IN 130 | L DESCRIP | E HOW INDUST OCCUPATI | D (5-1 | - Don't Los Dos | t II of itom 10 \ | | | 152 | NO [3 |
| □ OR CONTRIBUTI | NG CAUSE OF DEATH | D. DESCRIB | E HOW INJURY OCCURRE | D. (Enter noture of injury i | n ran i or rar | i ii or nem io., | | | | |
| | IFY MEDICAL EXAMINER) | | | | | | | | | |
| 20c. TIME OF IN | | 20d. INJU | | ACE OF INJURY (Hame, fa stary, street, affice bldg., e | | or tawn) | (| Caunty) | | (State |
| p. 1 | 10 | at wark | | | | | | | | 1100 |
| 21. I certify | that I attended the de | eceased | from June 1 | 19.57, to | May 2 | 20 , 19 59 | that I lo | ast sav | v the c | decease |
| | lav 20 | 19 59 | | accurred at 9:12 | | | | | | |
| dive dil | 0 0 | | , and mar deam | accorred diz | | treet, city or tawn, | | e dule | | TE SIGNE |
| ACTUAL | 5 Das 7 | 191 | 1-101-1 | BCCII | | | | | 5-21 | _50 |
| SIGNATURE | 1. persi | ny | spra | M.D. E.S.S.Hos | pital, | Jambridge | ,Md. | |)-21 | |
| PHYSICIAN'S NAME (Type) | Dr. E. DeFili | ppis | 0 | | | | | | | |
| 22a. BURIAL, CREMA | THON, 22b. DATE THEREOF | 1450 | C. NAME OF CEMETERY O | RCREMATORY | 22d. LOC | TION (City, town, o | or county) | h | (Stat | te) |
| Journay | 11303.29 | 107 | aculon (| em. | le | Mero | | | ng | 1 |
| 23. FUNERAL DIRECT | OR'S SIGNATURE | · m | ADDRESS | h. 1 24a. RE | C'D BY REGIST | | TRAR'S SI | | | |

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| 0-09- | M. C. Hengel, L. Derletter, M. | | الدخارة كالعاراة | |
| | | | Melita A. S. | |
| 1657.7 | | Section 1 | | |
| | and the same of th | | The second secon | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ir this certificate has been signed by the attending physician and campletely filled in by the fur for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should crematian, or removal, and in any event within 72 hours after death.

MARYLAND-STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5556 **CERTIFICATE OF DEATH**

05557

| | | | | Reg. Dist. No. | |
|---|----------------------|--|--|-----------------------|--|
| 1. PLACE OF DEATH O. COUNTRCHESTER | MARYLAND 2. | . USUAL RESIDENCE (When o. STATE MARYLAND | e deceased lived. If institut b. COUNTY | | idmission) |
| RURAL and give nearest town) | H OF STAY IN 16 | c. CITY OR TOWN (If ou | side corporote limits, write i | RURAL and give neares | town) |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | CHERO / | d. STREET ADDRESS | | | S RESIDENCE ON A FARM? |
| CAMBRIDGE MARYLAND HOSP. | | | STREET | Y | ES NO PH |
| 3. NAME OF First DECEASED (Type or print) CELLA ROS | Middle SE | JACKSON | OF DEATH MA | / | Yeor 28 19 59 |
| S. SEX 6. COLOR OF RACE 7. MARRIED NE | Divioners [7] | APRTT. 11 18 | 9. AGE (In years lost birthdoy) 76 yrs. | Months Days H | UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State of | | 12. CITIZEN OF V | VHAT COUNTRY? |
| SEAMTRESS GARME | THE RESERVE WATER | MARYLAND 14. MOTHER'S MAIDEN NA | MF | USA . | |
| JAMES ROSE | | ELIZABE | | | 5 1.70 18 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SEI | | The second second | | fress | |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (| | S NELSON THO | MAS CAMBRI | | AND AL BETWEEN |
| couse (o), stoling the under. lying couse lost. (c) | dabdo | | etastases | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | NG TO DEATH BUT NO | T RELATED TO THE TERMIN | AL DISEASE CONDITION GI | P | WAS AUTOPSY ERFORMED? |
| 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | INJURY OCCURRED. (E | Enter nature of injury in Po | rt I ar Port II af item 18.) | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Not wat work of war of war of war. | factors | OF INJURY (Home, form, , street, office bldg., etc.) | 20f. (City or town) | (County) | (State) |
| 21. I certify that I attended the deceased from alive on 1959. | | corred at 9A | M, fram the causes of the courses (Street, city or town, | and an the date : | the deceased stated above. DATE SIGNED |
| PHYSICIAN'S Lewis M. Bur | dette | Camber | idge N | 101. | |
| REMOVAL (Specify) | ORCHESTER I | | 2d. LOCATION (City, Iawn, CMABRIDGE) | or county) MARYTAND | (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDR | RESS | 24a. REC'D | BY REGISTRAR 24b. REGI | STRAR'S SIGNATURE | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by VS A15 (4) 1SM 10/57

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page 3 should be de

06

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5557 **CERTIFICATE OF DEATH**

05558 Reg. Dist. No.

| 1. PLACE OF DEATH a. COUNTY | | | 44 4 8 9 4 | - 11 | USUAL RESI | DENCE (Wh | ere deceased | lived. If institut | | nce befor | e odmis | sion) |
|--|--|---------------|---|------------|----------------|---------------|------------------|------------------------------------|-------------------|------------|-----------|--------------|
| | Dorchest | | MARYL | | | laryl | 200 to 200 | | Dor | ches | ster | |
| b. CITY OR TOWN (I RURAL ond give no Cambr | | ts, write | c. LENGTH OF STAY IN | N 16 | PS | own (If a | | ote limits, write l | RURAL and | give nea | rest tow | n) |
| d. NAME OF HOSPIT | AL (If not in hospital, g | ive street o | Series and the Co | - 1 | d. STREET A | | Luge | | - | - 1. | e. IS RES | SIDENCE |
| OR INSTITUTION | idaa Mam | rl and | Hospital | | 1 | 200 1 | ideh c | treet | | | | FARM? |
| | | | | - 11. | | | _ | creet | | | IES [| NO. ∑ |
| 3. NAME OF DECEASED | Fir | st | Middle | | Los | it . | 4. DATE OF | Mo | nth | Do | | Yeor |
| (Type or print) | Nel] | 100 | Coleman | | Kiah | 1 | DEATH | May | | 3. | | 1959 |
| 5. SEX | 6. COLOR OR RACE | 7. MARR | IED X NEVER MARRIED | 8. D | ATE OF BIRTI | Н | | P. AGE (In years lost birthday) | IF UNDE | | | ER 24 HRS. |
| Female | Negro | WIDOWE | | _ | ne 19 | . 18 | 83 | 75 yrs. | | Days | Hours | Min. |
| 10a. USUAL OCCUPATIO | ON (Give kind of work king life, even if retired | dane 10b. | KIND OF BUSINESS OR | INDUSTRY | 11. BIRTHPL | ACE (State | ar foreign ca | untry) | 12. C | ITIZEN O | F WHAT | COUNTRY |
| Housew | | | Housewife | , | Doro | hest | er Co | unty. | Md. | US | SA | |
| 13. FATHER'S NAME | | | 110000000000000000000000000000000000000 | | . MOTHER'S | | | 0.110./ | 220,0 | | 744 | |
| Fa | aw Colema | n | | (3) | | ריים | iro C | ampson | | | | |
| 1S. WAS DECEASED EVE | | | SOCIAL SECURITY NO. | 17. INFO | RMANT | Cil | IZA S | | Iress | | | |
| (Yes, no, or unknown) | (If yes, give war or dates of s | | | | | 77 1 | | | 8111 | 363 | | |
| No | | • | | нет | en C. | Wat | ers, | Cambri | age, | Md. | | |
| | TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o | 7 | he for (a), (b), and (c).] | ti | | 7 | .0. | . 0 . | | | RVAL BE | DEATH |
| 420.1 | DUE TO | | 3 | -, | | / | | ^ | | | | |
| Conditions, if or | au sublab V | 1 | De en | - | -10 | 1701 | 11 17 | 1 0-1.1 | lan. | 1 | 10 | ALIN |
| gave rise to in | mmediate (| | 6 1 | - | 7.00 | , ccc | The same | occur. | 30 30 | 72 - | | 72 |
| lying couse last. | | / | Pate: | 10 | 600 | | 4,00 | | | | | |
| |) (c | | a rece | 0 1 | | | - | | | | | |
| OF DE | abete | 1 | ONTRIBUTING TO DEAT | tite | KELATED TO |) THE LEKMII | NAL DISEASE | CONDITION GI | VEN IN PA | RT 1(0) 15 | PERFC | RMED? |
| PART II. OTH | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | TRIBE HOW INJURY OC | CURRED. (E | nter nature a | f injury in F | Part I ar Part | Il of item 18.) | | | | |
| | | - 1204 15 | JURY OCCURRED 2 | O- 01 ACE | OF IVILIBY (| Maria da | , 20f. (City | | | | | |
| 20c. TIME OF INJUR Hour a. m. p. m. | 19 19 | While at work | _ Nat while_ | factory | street, affice | e bldg., etc. |) 201. (City (| or town) | | (County) | | (Stote) |
| 21 I certify th | at-l-Oftended the | decense | od from 4/3 | C | 10 50 | 910 | \$ 13 | 10.5 | 1 44-4 1 | Inst on | 46 | 4 |
| | 5 3 diamed line | TO ! | | | | in a | 1 | | | | | deceased |
| alive an | 1111 | | and that o | leath ac | curred at | | | the causes | | the dat | | |
| ACTUAL SIGNATURE | 118 | X | aux | M.D. | 10 | 4 1 | ADDRESS (SIG | eet, city or town, | Stole) | | 1 | STJ5 |
| PHYSICIAN'S NAME (Type) | XIH, H, | LNI | LS Mi | 0 | 0 | Ac | BR | 1065 | - | XId | 1 | * |
| 220. BURIAL, CREMATIO | N. 22b. DATE THEREC | F | 22c. NAME OF CEMET | FRY OR CR | EMATORY | | 22d LOCATI | ON (City, town, | or county! | | (Stat | |
| REMOVAL (Specify) | 5/6/19 | | Waugh Ce | | | | | ridge. | 3/ | vlar | - | 0) |
| 23_FUNERAL DIRECTOR | | 10 | ADDRESS | ome ce | J. Y | 240 PEC'S | D BY REGISTR | | Mar STRAR'S SI | 4 | | |
| Harber | 11/1/11 | 100 | Meambri | 225 | Ma | | | | when & | | _ | |
| | VIV | row | COUNTY. | ruge, | rid. | DATE WA | 41 4 0 3 | 9 0 | whenly 9 | i. I Wal | rd. | |

| HEALTH-BALTIMORE, 10 | | MARYLAS |
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| HOLE THE COLUMN THE CO | SVE CERTIFICATE OF | |
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PLACE OF DEATH

CAMBRIDGE OF

| MARY | AND | STATE DEPART | MEN | T OF HEALT | H-BAL | TIMORE, 1 | 8 | | | |
|---|--|----------------------------|---------|-------------------------------------|------------------------|---------------------------------|----------|---------|--------------------------|--------------------|
| | 555 | 8 CERTIFIC | CAT | E OF DEAT | Н | | Reg. D | st. No. | 055 | 559 |
| ER | Contract of the Contract of th | MARYLAN | 2. | USUAL RESIDENCE (W. o. STATE LEWARE | here decease | | | | | |
| f autside carparate limi carest town) | ts, write | c. LENGTH OF STAY IN 1 | lb | c. CITY OR TOWN (IF | | | URAL and | - | irest tawr | n) |
| AL (If not in hospital, g MARYLAND H | | address) | | d. STREET ADDRESS | | | | | e. IS RES ON A YES | FARMEN |
| DARCEY | st | Middle LEE | | Mills | 4. DATE OF DEATH | MAY | th | 3 | | Year 59 |
| 6. COLOR OR RACE WHITE | 7. MARE | NEVER MARRIED | | JAN 24, 19 | 58 | 9. AGE (In years loss birthday) | IF UNDER | Doys | IF UNDE Hours | ER 24 HRS. Min. |
| ON (Give kind of work of the life kind of retired | dane 10b. | NONE | IDUSTRY | 11. BIRTHPLACE (Stoke MARYLA | | country) | 12. CI | USA | | COUNTRY? |
| WARD MILLS | | | 1 | 4. MOTHER'S MAIDEN BETTY LE | | MBLE | | | 3 | |
| R IN U. S. ARMED FOR | | SOCIAL SECURITY NO. 1 | 7. INFO | ARD MILLS | М | ILLSBORO | DELE | WARE | | |
| TH [Enter anly ane ca | use per li | ne far (a), (b), and (c).] | | - 1 | | | | INT | ERVAL BE | TWEEN |

| C | OR INICTITUTION | MARYLAND HOS | | | d. STREET ADDRESS | | | | e. IS RES | FARMEN |
|---------------|---|---|--|----------------------|---|------------------------|-----------------------------------|-------------------|-----------|-------------------|
| 3. | NAME OF DECEASED (Type or print) | DARCEY First | Middle LEE | | Mils | 4. DATE OF DEATH | MAY | h Ç |) | Year 59 |
| S. | MALE | LIUTTE | MARRIED NEVER MARRIED DIVORCE | | JAN 24, 19 | 58 9. | AGE (In years last birthday) yrs. | Months Days | R IF UND | Min. |
| 100 | a. USUAL OCCUPATIO during most of worki | N (Give kind of work done of life with it retired) | NONE | R INDUSTR | MARYTA | | ntry) | 12. CITIZEN US | | COUNTRY? |
| 13. | . FATHER'S NAME HO | WARD MILLS | | | BETTY LE | | BLE | | 23 | |
| | . WAS DECEASED EVER | IN U. S. ARMED FORCES' | NO NO | | PRMANT PARD MILLS | MII | LSBORO | | 2 | |
| ATION | PART I. DEAT 156. Canditians, if an gave rise to im cause (a), stating to lying cause last. | H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which (b) mediate he under: (c) | per line for (a), (b), and (c). | d of | OT RELATED TO THE TERM | | CONDITION GIVE | Or | PERFC | AUTOPSY DRMED? |
| CERTIFICATION | | S UNDERLYING 1 206 CAUSE OF DEATH MEDICAL EXAMINER) | . DESCRIBE HOW INJURY O | CCURRED. (| Enter nature of injury in | Part I ar Part II | af item 18.) | | YES | NO |
| MEDICAL | 20c. TIME OF INJURY Hour a. m. p. m. | | 20d. INJURY OCCURRED While Not while at work at wark | 20e. PLACE factor | OF INJURY (Hame, form y, street, affice bldg., etc | n, 20f. (City of | r tawn) | (County | 1) | (State) |
| | 21. I certify the alive and actual signature physician's NAME (Type) | ewis M | ceased from Atpl. 1959, and that Gurlatt Burder | | curred of b | | | | ate state | |
| 220 | B REMAYA (Specify) | MAY 8, 19 | 59 22c. NAME OF CEMI | ERY OR C | REMATORY V PARK | CAMBR | ibge '°'ma | ŔŸĽAND | (Stat | e) |
| | FUNERAL DIRECTOR'S | SIGNATURE NERAL SERVIC | E CAMBRIDGE | MAR | YTAND 24a. REC' | D BY REGISTRA | | TRAR'S SIGNATI | | |

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

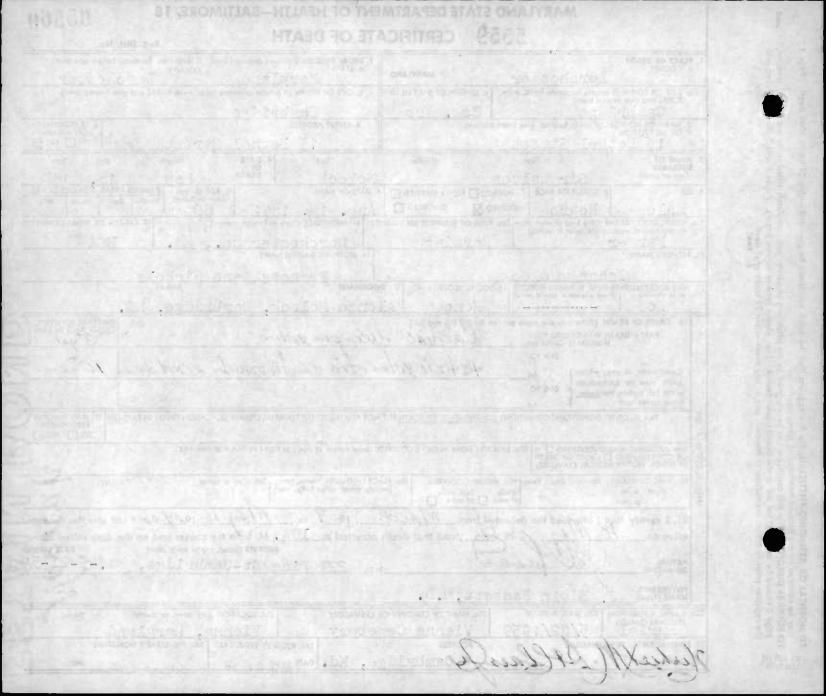
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CERTIFICATE OF DEATH

| | 331 |) S CERTIFICA | TIE OF DEA | III | | Reg. Di | st. No. | | |
|--|--|----------------------------|--------------------------------|---------------------|---------------------------------|---------------------|----------|-----------|------------------|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE o. STATE | (Where deceased | l lived. If institution | on: Residen | ce befor | e odmiss | ion) |
| | Dorchester | MARYLAND | Mar | ryland | 0. 0001111 | Dor | che | ste: | r |
| b. CITY OR TOWN (IF RURAL and give ne | outside carporate limits, write arest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | (If autside corpor | rate limits, write R | URAL ond | give nea | rest town |) |
| Cambri | ldge | Sev. Yrs | /3 Can | nbridge | | | | | |
| d. NAME OF HOSPITA | AL (If not in hospital, give street | oddress) | d. STREET ADDRES | is | | | | e. IS RES | DENCE |
| | thel Street | | 15 | Bethel | Street | | | | NO 🔯 |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE OF | Man | ith | Day | γ ' | Year |
| (Type or print) | Sir Walter | | Molock | DEATH | May | 7 | 18 | | 1959 |
| 5. SEX | 6. COLOR OR RACE 7. MARI | RIED NEVER MARRIED | B. DATE OF BIRTH | 3.5 | 9. AGE (In years lost birthdoy) | IF UNDER | | | |
| Male | Negro widow | ED DIVORCED | Aug. 15. | 1872 | 86 yrs. | Manins | Doys | Hours | Min. |
| Oo. USUAL OCCUPATIO | N (Give kind of work dane 10b. | KIND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (S | itate ar foreign co | ountry) | 12. CIT | IZEN O | F WHAT | COUNTR |
| Farmer | | Farming | Dorche | ester C | o. Md. | | US | A | |
| 3. FATHER'S NAME | | | 14. MOTHER'S MAIDE | | - | | | 4.4 | |
| To | saac Molock | | Tror | nces An | ne_Nich | 200 | | | |
| 5. WAS DECEASED EVER | IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. If | FORMANT | ICES AII | Add | | 100 | | |
| (Yes, no. or unknown) | If yes, give wor or dates of service) | None A7 | onzo Molo | ools Co | mbridge | . Md | | | |
| | TH [Enter anly one cause per li | | OHZO MOTO | Jung Ga | mor rose | MU | | RVAL BE | TIMEENI |
| | TH WAS CAUSED BY: | ne for (o), and (c). | ad a | 4: | | | ONS | ET AND | DEATH |
| 1.0 | IMMEDIATE CAUSE (o) | MICHAU O | elompen gr | 91100 | | | | 3 40 | U |
| 1442X | DUE TO | Dolar and | Lo ac | 1. | In RENA | 11. | | 10+ | |
| Canditians, if an | | THEYEND YOUR | ROTTE CAM | JII VASCU | I'M RENA | N SWEA | 4 | 040 | Mari |
| gove rise to in couse (a), stoting t | | | | | | | | | |
| lying cause lost. | (c) | | | | | | | | |
| PART II. OTH | ER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE T | ERMINAL DISEASE | E CONDITION GIV | EN IN PAR | T 1(o) 1 | PEREC | AUTOPSY RMED? |
| PART II. OTH | | | | | | | | | NO 🗆 |
| 20a. ACCIDENT WA | S UNDERLYING 20b. DES | CRIBE HOW INJURY OCCURRED | . (Enter noture of injury | y in Port I ar Port | II of item 18.) | | | | |
| 200. ACCIDENT WAS | S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER) | | | | | | | | |
| | | NJURY OCCURRED 20e. PLA | CE OF INJURY (Home, | form, 20f. (City | or tawn) | 10 | County) | | (Stote |
| Hour o. m. | While | Not while foc | tary, street, office bldg., | , etc.) | | | | | 10.0.0 |
| ₹ p. m. | 19 at war | k at work | -0 | M | | | | | |
| 21. I certify the | at I attended the deceas | | , 1907, to | | 1 18, 1959 | | | | |
| alive an/ | 0/1/2 / 12/ | 7, and that death | accurred at 10 | A.M. from | n the causes o | and on th | he dat | e state | d abov |
| | () CSIN C | | | ADDRESS (St | reet, city or town, | stole) | | DA | ATE SIGN |
| ACTUAL | LEV Jaku | ed | A.D. 227 Pi | ine St- | Cambrid | ge, | Md. | -5- | 21-5 |
| | | | | | | 266 | | | |
| PHYSICIAN'S NAME (Type) | J. Edwin Fass | ett, M.D. | | | | | | | |
| 220. BURIAL, CREMATION | | 22c. NAME OF CEMETERY OF | CREMATORY | 22d. LOCAT | ION (City, tawn, | or county) | | (Stote | 0) |
| REMOVAL (Specify) | 5/22/1959 | Vienna Cen | | | | _ | ha | (3.01) | |
| 23. EUNERAL DIRECTOR'S | 1 1 1 1 1 1 1 | ADDRESS | | REC'D BY REGIST | 77 | ryla strar's sig | | F | |
| William | M. Della | | | | | | | | |
| The state of the s | 1 January | Cambridge | C. MUL. DATE | MAY 2 6 15 | 0 0 | 51 n 8 | # | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR fifer this certificate has been signed by the attending physician and campletely filled in by the formal director, page 3 should be decided for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55



CERTIFICATE OF DEATH

05561

| | - U | 0 1 3 | A. | | | | | Keg. Dist, | No. | |
|--|--|---------------|---------------------------|--|------------|-----------------|---------------------|---------------|-----------|--------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDEN | NCE (Wh | ere deceased | lived. If instituti | | before ad | lmission) |
| | Dorchester | • | MARYLAND | M | arv | Land | b. COUNT1 | Dorc. | hest | er |
| b. CITY OR TOWN (RURAL and give no | If outside corporate limits | , write | c. LENGTH OF STAY IN 16 | c. CITY OR TO | WN (if o | utside carpore | ote limits, write R | URAL and give | nearest | tawn) |
| Rural | - Vienna | | Life | X R | ura | 1 - V | ienna | | | |
| d. NAME OF HOSPIT | TAL (If not in haspital, giv | e street d | iddress) | d. STREET ADD | RESS | | | | e. IS | RESIDENCE |
| RFD 1 | | | | R | FD · | 1 | | | | N A FARM? |
| 3. NAME OF DECEASED | First | | Middle | Last | | 4. DATE | Mon | ith | Day | Year |
| (Type or print) | Aror | 1 | Hilton | Park | er | OF DEATH | May | | 3 | 1959 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIED | B. DATE OF BIRTH | | 9 | . AGE (In years | | | NDER 24 HRS. |
| Male | Negro | WIDOWE | D DIVORCED | March 1: | 2.18 | 388 | 71 yrs. | Months Do | ys Ho | urs Min. |
| 10a. USUAL OCCUPATIO | ON (Give kind of work de | one 10b. I | KIND OF BUSINESS OR INDU | | | | intry) | 12. CITIZE | N OF W | HAT COUNTRY |
| Farm | king life, even it refired) | | arming | Dorch | | | | | USA | |
| 13. FATHER'S NAME | панц | 1 4 | arminig | 14. MOTHER'S MA | AIDEN N | IAME | a Picto | | UDA | |
| - | 1 7 1 | - | | | | | | TT . 7 7 4 | | |
| | ohn Frank | | | INFORMANT | (| <u>Jnarle</u> | esanna | | S | |
| (Yes, no. or unknown) | (If yes, give war or dates of ser | vice} | SOCIAL SECURITY NO. 17. | INFORMANT | | | Add | ress | | |
| No | | P1 | 9-01-92591 M | rs Eva D | ixo | n, Car | nbridge | Md. | | |
| | ATH [Enter only one cause the WAS CAUSED BY: | se per lin | e for (o), (b), and (c).] | + | 4 | 1. | 0. | | | ND DEATH |
| 440 | IMMEDIATE CAUSE (0)_ | | CARUNA | ly her | v! | der | ciso | | J.d | 14 |
| 420,1 | DUE TO | | | 4 | | | | 1000 | | 1 |
| Canditions, if o | | | | | | | | | | |
| gove rise to i cottse (a), sloting | | | | | | | | - | | |
| lying couse last. | (c)_ | | | | | | | | 100 | |
| PART II. OTI | HER SIGNIFICANT COND | ITIONS C | ONTRIBUTING TO DEATH BU | T NOT RELATED TO TH | 1E TERMI | NAL DISEASE | CONDITION GIV | EN IN PART 1 | a) 19. W | AS AUTOPSY |
| I.Y. | | | | | | | | | | RFORMED? |
| 20a. ACCIDENT W | AS UNDERLYING 2 | Ob. DESC | RIBE HOW INJURY OCCURR | ED. (Enter nature of in | njury in f | ort I or Part I | II of item 18.) | | | |
| O (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | | |
| 20c, TIME OF INJUR Hour o. m. p. m. | Y Month, Day, Year | | | LACE OF INJURY (Horoctory, street, office bl | me, form | , 20f. (City o | or town) | (Cou | nty) | (State) |
| Hour o.m. | 19 | While at work | 1401 #11118 | sciory, sireer, office of | iug., erc. | 1 | | | | |
| | 4.1 14 1- 1.1 | | NI a | 1000 | | 11. 3 | 10.55 | | | |
| 1 | nat I attended the | decease | 9 . | 1947. | ta | 119 3 | | | | he deceased |
| alive an | 73 | , 12 | , and that deat | h occurred at | | | the causes o | | date s | |
| ACTUAL | (XSUNF | (| | | - | ADDRESS (Stre | el, city or town, | state) | | DATE SIGNE |
| ACTUAL SIGNATURE | your ta | ne | 4 | M.D | did | KIN | e st. | | | |
| PHYSICIAN'S NAME (Type) | J. Edu | Jin | FASSELT | | C | mbe | ide | 4 | | |
| 22a. BURIAL, CREMATIC REMOVAL (Specify) | | | 22c. NAME OF CEMETERY | OR CREMATORY | | 22d. LOCATIO | ON (City, tawn, | or county) | (| Slate) |
| Burial | 5/6/1950 | 9 | Sols Landi | ng Cemet | erv | Dor | chester | Coun | tv. | Md. |
| 23. FUNERAL DIRECTOR | S SIGNATURE | 1 | ADDRESS | 24 | 4a. REC'1 | BY REGISTR | AR 246. REGIS | STRAR'S SIGNA | ATURE | ALCOHOL: |
| Hernet | MAHLL | Zell | 2-cambridge | Md. D | ATE M | AY 2 6 '5 | 9 0 | reling 8, 9 | Kaya | |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR after this certificate has been signed by the attending physician and completely filled in by the first or page 3 should be death and a set of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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DEPARTMENT OF HEALTH

5572 CERTIFICATE OF DEATH

| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Vienna - Rural d. NAME OF HOSPITAL (if not in biospile), give street oddress) A. STEET ADDRESS ROUTE 50 S. NAME OF HOSPITAL (if not in biospile), give street oddress) A. STEET ADDRESS ROUTE 50 S. NAME OF HOSPITAL (if not in biospile), give street oddress) A. STEET ADDRESS ROUTE 50 S. NAME OF HOSPITAL (if not in biospile), give street oddress) A. STEET ADDRESS ROUTE 50 S. STE B. COLOR OR RACE [7. MARRIED TO NEVER MARR |
|--|
| OR INSTITUTION ROUTE 50 R |
| DECEASED (Type or print) Description Robert Brevister Parker Open May 23 1959 |
| Male Negro widowal Divorced No. March 7, 1886 (49. min. Months) Doys Min. 100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 11. Dorchester Co., Maryland U.S.A. 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME W. James Parker 14. MOTHES' MAIDEN NAME W. James Parker 15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1974. White Methods of Country of Individual Security of Maryland (Pres. or, underword) 1974. Grand of Maryland (Pres |
| during most of working life, even if retired? Retired Farmer Retired Farmer Farm Dorchester Co., Maryland U.S.A. 13. FATHER'S NAME W. Jemes Parker 15. WAS DECEASED EVER IN U. S. A. SMED FORCES? 16. SOCIAL SECURITY NO. NO Mrs. Clara D. Parker, Vienna, Md., R.F.D. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: HAMBEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), Italian in mediate (o), Italian in mediate (o), Italian in mediate (o), Italian |
| Mary Elizabeth Dennis |
| 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO (If yes, give wor or doller of service) 214-32-5030 Mrs. Clara D. Parker, Vienna, Md., R.F.D. |
| PART I. DEATH WAS CAUSE BY, DUE TO |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of the p.m. 19 J. |
| 21. I certify that I attended the deceased from $1/3/5919$, to $1/23$, 19) That I last saw the deceased alive on $1/23$, 19 19 , and that death accurred at $1/23$. 19 19 That I last saw the deceased alive on $1/23$, 19 19 , and that death accurred at $1/23$ M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) PATE SIGNED ACTUAL SIGNATURE Campus Manyunov M.D. 136/12CP ST $1/25/17$ PHYSICIAN'S NAME (Type) LOW YENCE Maryanov M.D. Cambridge, M.D. |
| alive on |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page VS A15 (4) 15M 9/5B

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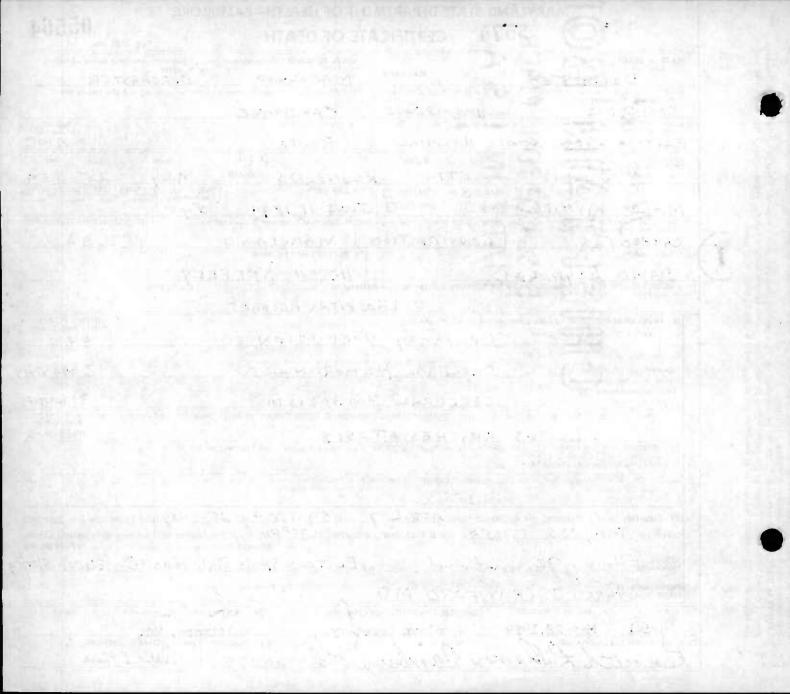
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05565

Reg. Dist. No.

| PLACE OF DEATH | Dorchester | | MARYLA | 0 5 | TATE Mary | | lived. If institu | | | dmission) | |
|---|--|--|--|---------------------|--|------------------------|---------------------------------------|--|----------------|---------------------------|--|
| b. CITY OR TOWN II | autside corporate limits, write | RURAL | 5 NOOKS. | lb c. C | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne 20 X - 2 | | | | | | |
| d. NAME OF HOSPIT | | f not in hosp | l sital, give street address) | d. 5 | TREET ADDRESS | | | E-U A | e. 1 | S RESIDENCE ON A FARM? | |
| 3. NAME OF DECEASED (Type or print) | Charles | it . | Middle R | hodes | Lost | 4. DATE OF DEATH | Mon! May | | Doy L8 | Year 19 59 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIE WIDOWED | DIVORCED DIVORCED | 8. DATE 0 12/ | 28/68 | 9. | AGE (In years lost birthday) 90 yrs. | Months D | YEAR IF U | NDER 24 HRS. | |
| 10a. USUAL OCCUPATION during most of working Salesma | ON (Give kind of work of life, even if retired) | done 10b. K | ND OF BUSINESS OR INC | | Maryland | or fareign coun | ntry) | | S.A. | IAT COUNTRY? | |
| 13. FATHER'S NAME JOHN R | hodes | | | | ther's maiden n | Counc | il | | | | |
| 15. WAS DECEASED EV | ER IN U. S. ARMED FOI (II yes, give war er dates al | RCES? 16. S | None | 7. INFORMAL Reco | rds E.S.S | e. Hosp | Address ital | | | | |
| PART 1. DEA 4 20. 1 Conditions, if a gave rise to imme (a), stating the cause lost. | diote couse underlying DUE TO (c). | DITIONS CO | or (o), (b), ond (c).] Coronary NTRIBUTING TO DEATH B | | | NAL DISEASE C | ONDITION GIV | VEN IN PART | 1(o) 19. W/PEI | AS AUTOPSY RFORMED | |
| PART II. OT Fract 200. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF INJU 2 Hour o. m 9 m. | USE WAS 20 RY Month, Day, Yea | Slip | HOW INJURY OCCURRED ped and fell NJURY OCCURRED Not while to the period of the peri | in ho | spital. JURY (Home, form, office bldg., etc.) | 20f. (City or | town) | (Coun | | (State) | |
| 21. I certify t | nat I took charge | of the revaluation of the revalu | emains described auses , Acciden | M.D. C | d an Autopsy | AMINER C | Dection | | anner [| and in my TE SIGNED | |
| | N. 226 DATE THEREO | | ADDRESS | | ORY | | | orzounty) Cro STRAR'S SIGN Llun & f | NATURE | (Jate) | |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate writing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for years.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or feath, or its designated agent, priar to burial, crematian, or removal, and in any event within 72 haurs ofter death. VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEASTH-BALLINGE, I ARONG AL EXAMINIST'S CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5576

05566

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Dorchester Dorchester MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give necrest town) Hurlock - Rural Williamsburg - Rural 40 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Near Shiloh Hurlock Road YES NO T NAME OF Middle DATE Day Year DECEASED OF DEATH 1959 Mary Evelvn Rielev May 17 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours Min. Negro Female WIDOWED F DIVORCED | May 9. 1906 53 yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Home Preston. Maryland U.S.A. Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lettie Jones Robert Conway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Norman Conway. Hurlock. Maryland No Unknown 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY Intracranial injury Instant IMMEDIATE CAUSE (a) **DUE TO** Fracture base of skull. Conditions, if any, which Instant gave rise to Immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO K 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 af item 18.) PRIMARY OF CONTRIBUTING Pedestrian hit by auto. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) While Nat while of work at work Highway Williamsburg Dor. 21. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and find that Accident . Suicide . death resulted fram: Natural causes . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 5/20/59 NAME (Type) DEPUTY MEDICAL EXAMINER John Mace Jr 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Near East New Market, Md. REMOVAL (Specify) Thompsontown Cemetery May 20. 1959 Burial J.J. Framptom and Son, Federalsburg, 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 2 6 '59 arthur & Thous



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFIC

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| CATE OF DEATH | 00 |
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| CATE OF DEATH | Reg. Dist. No. |

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|---|---|--------------|---------------------------|------------|---------------------------------|--------------|------------------------|--|--------------------|----------------|------------------|--------------------|
| 1. PLACE OF DEATH 0. COUNDORCH | ESTER | | MARY | LAND 2. | USUAL RESIDE O. SMUERYI | AND | ere deceased | lived. If institution b. COUNTY | on: Residen | ORCH | e odmiss ESTE | ion) |
| BPSHOPS ve n | If outside corporate limits, | write | C. LENGTH OF STAY | IN 1b | E. CITY OR TO | | utside corpor HEAD | ate limits, write R | URAL ond | give nea | rest town | ٦) |
| d. NAME OF HOSPI | TAL (If not in hospital, give | e street d | oddress) | | d. STREET AD | _ | H | | | | | FARM? |
| 3. NAME OF DECEASED (Type or print) | ARNIE | | P Middle | ROBI | NSON Lost | | 4. DATE OF DEATH | MA) | | 19 | | Year 19 5 |
| 5. SEX MALE | ********* | MARRI | DED NEVER MARRI | | PRID] | L3, 1 | 884 | 9. AGE (In years lost bigthday) yrs. | IF UNDER Months | 1 YEAR Doys | Hours | ER 24 HRS. Min. |
| during most of wor | ON (Give kind of work do rking life, even if retired) Store | | NIND OF BUSINESS OF OWNER | R INDUSTRY | | CE (Stote of | | untry) | 12. CI1 | USA | F WHAT | COUNTRY |
| 13. FATHER'S NAME SLEIGHT | ER ROBERSON | | | 1. | MOTHER'S A | | | | | | | |
| 15. WAS DECEASED EVE (Yes. no. or unknown) NO | ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv | | UNKNOWN | | LORENCE | E WOO | DLAND | BISHO | ops H | EAD | MI |). |
| PART I. DE/ 332 X Conditions, if a gave rise to i couse (a), stoling lying couse lost. | the under- | Ce G | rebral | Jan Sel | outa | Se De | len | esile | | ONS | 2 | VDEATH U |
| 5 Ne | HER SIGNIFICANT CONDI | la | u | | | | | | EN IN PAR | T I(o) 1 | PERFC | AUTOPSY ORMED? |
| 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUE Hour o. m. p. m. | MEDICAL EXAMINER) | | IJURY OCCURRED Not while | 20e. PLACE | OF INJURY (He, street, office I | ome, form, | 20f. (City) | | (* | County) | | (State) |
| | nat I attended the d | decease, 195 | of work | | Ca | | LALLE | the causes a cet, city or town, | nd on t | | e state | |
| 220. BURIAL, CREMATIC BURIAL (Specify) | MAY 22 | 1959 | MURPHY | CEMET | ERY | | BISH | OPS HEAD | MA | RYLA | | e) |
| 23. FUNERAL DIRECTOR LECOMPTE FU | INERAL SERVI | CE | CAMBRIDGE | MARY | CT A NED | 240. REC'D | BY REGISTR | C. C | than's sid | | | |

VS A15 (4) 15M 10/57

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| MARYLAND | STATE | DEPARTMENT | OF HEALTH | -BALTIMORE, | 18 |
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5578 CERTIFICATE OF DEATH

| | | 294 | G CERTIFI | CAII | . OI DEAI | 11 | | Reg. D | ist. No. | | |
|----------------------|--|------------|----------------------------|-----------|-------------------------|------------------------|---------------------------|------------|-----------|------------|---------|
| . PLACE OF DEATH | | | | | USUAL RESIDENCE (V | Where decease | d lived. If instituti | on: Reside | nce befo | re admiss | ion) |
| | rchester | | MARYLAN | ID | Marvl. | and | b. COUNTY | Ker | nt. | | |
| b. CITY OR TOWN | (If outside corporate limi | its, write | c. LENGTH OF STAY IN 1 | ТЬ | c. CITY OR TOWN (II | | prote limits, write R | 1400 | | erest town | 1)] |
| RURAL ond give | nbridge | | 6 months | | Milli | m m + m | 111 | V | 2 | | |
| d. NAME OF HOSP | PITAL (If not in hospital, g | ive street | | | d. STREET ADDRESS | us cou | 17 | V | ~ | e. IS RES | IDENCE |
| OR INSTITUTION | | nore | State Hospita | al | 000 | | | 111 | | | FARM? |
| NAME OF DECEASED | Fir | rst | Middle | | Last | 4. DATE | Mor | rth | Da | у | Year |
| (Type or print) | Ra | alph | P. | | Robinson | OF DEATH | Ma | v | | 7 | 19 5 |
| SEX | | | RIED NEVER MARRIED | 7 B. D/ | TE OF BIRTH | | 9. AGE (In years | IF UNDE | R 1 YEAR | IF UND | R 24 H |
| Male | White | WIDOW | | | ril 14, 1 | 877 | lost birthdoy) 82 yrs. | Months | Days | Hours | Min. |
| a. USUAL OCCUPAT | ION (Give kind of work | done 10b. | KIND OF BUSINESS OR IN | | | | | 12. CIT | TIZEN OF | WHAT | OUNTR |
| Butcher | orking life, even if retired | 1 | | | Marvlan | d | | | 11 (| 5.A. | |
| B. FATHER'S NAME | | | | 14 | . MOTHER'S MAIDEN | | | | 0.0 | 2 022 0 | |
| Tohm LT | Pahingan | | | | Timi | | | | | | |
| | . Robinson /er IN U. S. ARMED FOR | CES2 14 | SOCIAL SECURITY NO | INFOR | Unknown | | Add | Iress | | | |
| Yes, no, or unknown) | (If yes, give wor or dates of s | ervice) | | | | | | | | | |
| no | 010 | | 18-20-4807 | REC | ORDS: Ea | stern S | Shore Sta | te Ho | spi | tal | |
| | EATH [Enter only one co | use per li | ne for (o), (b), and (c).] | | | | | | INTE | ERVAL BE | TWEEN |
| PART I. DE | EATH WAS CAUSED BY: IMMEDIATE CAUSE (o | o G | hronic Endoca | ardit | is | | | | | ev. | |
| 421.4 | DUE TO | | | | | | | | | - | |
| Conditions, if | ony which) | 0 | eneralized An | at ond | inomo [ono | e with | himonton | cion | G. | 077 | - C |
| gove rise to | immediate Dur To | | ellel attred w | . 001 | roscret ost | D MTOIL | my per der | 121011 | - 0 | ev. | 170. |
| lying couse lost | g the under- | | enile Psychos | ci e | | | | | | | |
| | | , | | | DELLIED TO THE TER | 1415 1 A 1 B 1 C E A C | F COLUDITION OF | | DT 14 1 1 | 0.14/46 | 2007114 |
| PARI II. U | THER SIGNIFICANT CON | DITIONS C | CONTRIBUTING TO DEATH | ROLNOI | KELATED TO THE TER | MINAL DISEAS | SE CONDITION GIV | EN IN PA | KI I(o) I | | RMED? |
| OR CONTRIBUTIN | VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCU | RRED. (Er | ter noture of injury i | n Port I or Por | rt II of item 1B.) | | | | 1 |
| 20c. TIME OF INJU | | ar 204 II | NJURY OCCURRED 20e. | PLACE | OF INJURY (Home, fa | 206 (Cit | | | 16 | | 151.1 |
| Hour o.m. | | While | Not while | foctory, | street, office bldg., e | etc.) | y or town) | | (County) | | (Stot |
| p, m, | . 19 | of wor | k ot work | | | | | | | | |
| 21. I certify t | that I attended the | deceas | ed from Novembe | er 8 | , 19 58 to 1 | May 7 | 1959 | that I le | ost sov | v the d | eceoso |
| olive on | May 7 | . 19 | P 0 | | curred ot 10:0 | A | | | | | |
| | | | did mor de | - | Olice Olice | | treet, city or town, | | e dule | | E SIGN |
| ACTUAL | Simon | , 7) | 14Kultu | | 5 | 5.5 | # | | | _ | 7 6 |
| SIGNATURE | 01/1000 | | 101000 | M.D. | <u> </u> | 7: 7: | | | | | -7-5 |
| PHYSICIAN'S | C4 W | 1.0. | 1 | | 01 0 | | | | | | |
| NAME (Type) | Simon Virku | | | | n Shore S | | | | idge | 1 . M | ryl |
| PEMOVAL (Specif | ON, 22b. DATE THEREC | 5-4 | 22c. NAME OF CEMETER | FOR CRI | d'am. | 22d. LOCK | Left of | pr county) | | Stol | 0) |
| 3. FUNDAL DIRECTO | R'S SIGNATURE | 1 | ADDRESS | | 1 | C'D BY REGIST | TRAR 245 PECI | STRAR'S SI | IGNATH | RE | 4, |
| Elika. | N Trill | nh. | m. 11. /- | - 1 | | | | Criting . | | | |
| 10 mour | a lico | w | 1 umores |) / | DATE | MAL I I | 22 | mund 4 | in Tha | MA | |

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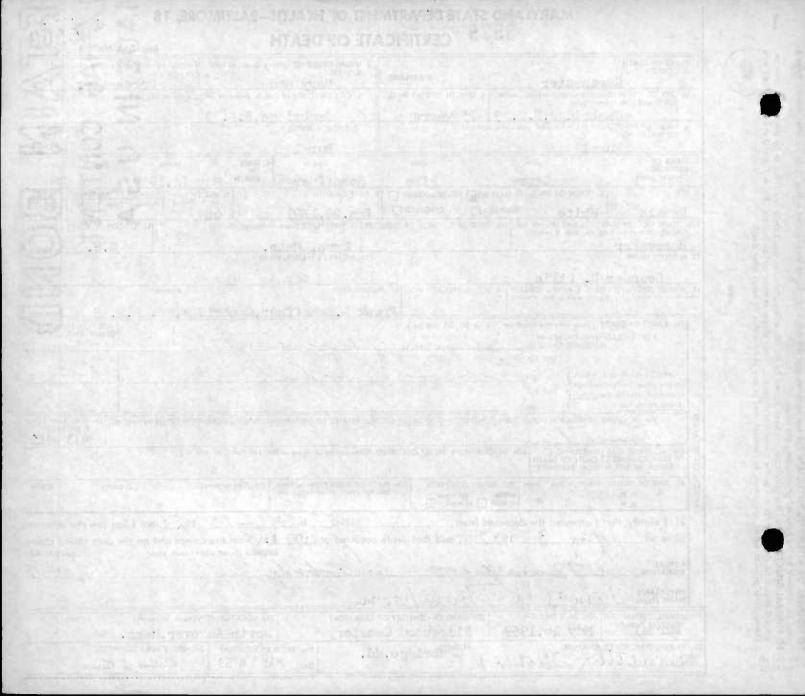
VS A15 (4) 15M 10/57

| MARYLAND | STATE DEF | ARTMENT | OF | HEALTH—BALTIMORE, | 18 |
|----------|-----------|----------|-----|-------------------|----|
| 55 | 7 Otem14 | FilmG243 | 5 5 | 27/59 cap | |

5579 CERTIFICATE OF DEATH

Reg. Dist. No. (15569

| 1. PLACE OF DEATH o. COUNTY | | | MARYLAND | | IDENCE (WI | here deceased liv | ed. If instituti | on: Residence | before admission |) |
|---|--|-------------|----------------------------|--|------------------------------|--------------------|------------------|---------------|---------------------------|---------|
| | orchester | | MARTLAND | Ma | rylan | d | | Dorch | ester | |
| b. CITY OR TOWN RURAL ond give a | (If outside corporate lim | its, write | c. LENGTH OF STAY IN 16 | c. CITY OR | TOWN (IF | outside corporate | limits, write R | URAL and give | e nearest town) | |
| | ambridge R. | D. 3 | 25 years | X C | mbrid | ge.R.D. | 2 | | | |
| d. NAME OF HOSP | TAL (If not in hospital, | | | d. STREET | ADDRESS | Seamer. | -3 | | e. IS RESID | ENCE |
| OR INSTITUTION | | | | 1 | | | | | ONAF | ARM? |
| | ural | | | R | ıral | | | | YES 1 | 10 |
| 3. NAME OF DECEASED | Fi | rst | Middle | lo | ist | 4. DATE OF | Mon | th | Day Yes | or |
| (Type ar print) | Lau | פידו | Pike | Schaff | ner | DEATH. | May 14. | 1959 | 19 | |
| S. SEX | | | RIED NEVER MARRIED | B. DATE OF BIR | | 9. | AGE (In years | | EAR IF UNDER | |
| W7 | | WIDOWI | | - 00 | 7 407 | THE RESERVE TO | lost birthday) | | ays Hours | Min. |
| Female | White | 1 | | Jan. 20, | 1891 | | 58 yrs. | | | |
| during most of wo | rking life, even if retired | done 10b. | KIND OF BUSINESS OR IND | OUSTRY 11. BIRTHE | LACE (Stole | or foreign count | (1) | 12. CITIZE | N OF WHAT C | DUNTRY |
| Momemaker | | | | T.vnr | . Mas | g. | | 1 | U.S. | |
| 13. FATHER'S NAME | | | | 14. MOTHER | | | | | V. B. L. S. | |
| T | - D 5334- | | | | 0 | . 0.3 | | | | |
| | T D. Ellis | CECO 14 | SOCIAL SECURITY NO. 127 | INFORMANT | reorg | ia Gale | | | | |
| (Yes, no. or unknown) | (If yes, give war or dates of s | ervice) | SOCIAL SECURITY NO. 17. | INFURMANI | | | Addi | ess | | |
| No | | | T. | rank L.Sc | haffn | er Camb | M. achir | d. R.D | 3 | |
| | ATH [Enter only one co | use per lin | ne for (o), (b), and (c).] | 1 | | 01,000.00 | - Lugo ji | | INTERVAL BETW | VEEN |
| | | | | 0 1 | | - | -/ | 4.00 | ONSET AND D | EATH |
| 10.11 | ATH WAS CAUSED BY: IMMEDIATE CAUSE (c | 1 4 | Muona | - Illu | 5/22 | Marlo | te 1 | | 4 me | 50. |
| 180X | DUE TO | 1 | | 0 - 0. | | | | | | |
| Conditions, if a | any, which) | , (| accusan . | OV Ter | ed u. e | | | | 14, | |
| gove rise to | | | | 1 | 1 | , | | | | P |
| Couse (o), stoting lying couse lost. | me under- | | | 0 | | | | | | |
| | . 10 | | | | | | | | | |
| PAIT II. OT | HER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEATH BU | JT NOT RELATED TO | O THE TERMI | INAL DISEASE CO | ONDITION GIV | EN IN PART 1 | (o) 19. WAS AU PERFORM | TOPSY |
| 3 2m | enalin | | | | | | | | YES T | |
| PART II. OT | AS UNDERLYING CONTROL CAUSE OF DEATH | 20b. DESC | CRIBE HOW INJURY OCCUR | RED. (Enter noture | of injury in I | Port I or Port II | of item 1B.) | | | |
| CONTRIBUTING | MEDICAL EXAMINER) | | | | | | | | | |
| | | | | | | T | | | | |
| 20c. TIME OF INJUI Hour o. m. | RY Month, Day, Ye | While | NJURY OCCURRED 20e. I | PLACE OF INJURY foctory, street, offic | (Home, torm e bldg., etc. | 1, i 20f. (City or | tawn) | (Cou | inty) | (State) |
| p. m. | 19 | of work | | | 3,, 0.0 | | | | | |
| 21 1 | and an eded the | | 1.0 | 105 | pm . 7 | 1111 15 | 4 | | | |
| | hat I attended the | , | - | , 1990 | _, to | 110-911 | , 19_2_2 | that I las | st saw the de | cease |
| alive an | 14ax 13 | , 19.5 | , and that deat | th accurred at | 2:00 | AM/ Fram th | ne causes a | nd an the | date stated | abay |
| 1 | 1 9 | - / | | 1 | , , | ADDRESS (Street | , city or town. | stote) | DATE | SIGNE |
| ACTUAL SIGNATURE | Mar | ver 1 | ken | M.D. Cen | fre of | - 1/11 | 1 | | 140-18 | 0/03 |
| | 1 | 1 | 1 | - M.D. | W. T. W. | me yeller trade | | | 7-1 | e whyt. |
| PHYSICIAN'S | 1anios | W | 1 hand be | 4.04 | | | | | U | |
| NAME (Type) | ru me | je. | 1 norupse | 5 W | | | | | | |
| ZO. BURIAL, CREMATIC | ON, 226. DATE THEREC | | 22c. NAME OF CEMETERY | | 1 1 1 1 | 22d. LOCATION | (City, town, c | r county) | (Stote) | |
| REMOVAL (Specify | May 16,1 | .959 | Ridgewood (| Cemetery | | North 1 | Indover | Mass. | | |
| 3. FUNERAL DIRECTOR | SIGNATURE D | | | | 240 PEC | D BY REGISTRAR | 7 | TRAR'S SIGN | ATURE | |
| ROLLIT | KX H | 7111 | ^Cambridge | MQ. | | AY 1 8 '59 | | athan 2 | | |
| | V= /\ .C//1.6 | / White | | | I DATE | MI I D 35 | | MALINE Y | 97 | |



| W | | PLACE OF DEATH C. CODORCHESTER MARYLAND D. CITY OR TOWN (If outside corporate limits, write RHYD SOIVE nearest town) C. LENGTH OF STAY IN 1b | MARYTLAND DORCHESTER | | | |
|---|--|--|--|--------------------------------|---|----------------------------|
| X | | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION | d. STREET ADDRESS | 5 00 00 00 | ON A FARM? | |
| | | DECEASED EDITH MARSHATIT | sewärd | 4. DATE Month OF DEATH MAY | 23 Year 19 | 55 |
| | 1 | WIDOWED DIVORCED | APRIL 2 1872 | 168 3 irthdoy) | | |
| 1. PLACE OF DEATH o. CODORCCHESTER b. CITY OR TOWN (If outside corporate limits, wrighted property) d. NAME OF HOSPITAL (If not in hospital, give strong in the prior) d. NAME OF HOSPITAL (If not in hospital, give strong in the prior) J. PART IN COLUMN (If outside corporate limits, wrighted property) d. NAME OF HOSPITAL (If not in hospital, give strong in the prior) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate limits, wrighted property) J. PART IN COLUMN (If outside corporate property) J. PART IN COLUMN (IN COLUMN (IN COLUMN (IN COLUMN (IN COLUMN (IN COLUMN | USUAL OCCUPATION (Give kind of work done durit OUN HOME) USUAL OCCUPATION (Give kind of work done OWN HOME) | MARYLAND | or foreign country) | | ? | |
| 0 | /13. | FATHER'S NAMES MARSHALL | | | II. | |
| | 15. (Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service) 214 07 7751 | INFORMANT LESLIE SEWARD | H UDSON M | | - |
| | F | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: | | | ONSET AND DEATH | = |
| | | 592 X DUE TO | ارم رستاد | | | - |
| | | gove the to thimediole (| | ESSERITI | | |
| 0 | TION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE | | | N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? | 2 |
| | | 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI | ED. (Enter nature of injury in F | Port I or Port II of item 18.) | AE2 NO DA | 1 |
| | I . | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not white | PLACE OF INJURY (Home, form octory, street, office bldg., etc. | , 20f. (City or lown) | (County) (Stole) | - |
| | | 21. I certify that trattended the deceased from 7/10 | , 19 | | | |
| | | ACTUAL ON TORONKS | | | | VEEN EATH TOPSY NO Stole) |
| 1 | | PHYSICIAN'S IN. H. H. A. LACE NO. | M.D. TOTON | B01765 | - MADULARIE | 7 |
| | 220 | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY | | | | Ł |
| S | 23 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24a. REC' | D BY REGISTRAR 24b. REGIST | TRAR'S SIGNATURE | - |
| 180 | 1 | The state of the s | DATE | AAY 2 6 '59 C | 11.0 9 W | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director,

D FUNERAL DIRECTO fer this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detected for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar removal, and in any event within 72 haurs, after death. TO FUNERAL DIRECTO

VS A15 (4) 15M 10/57

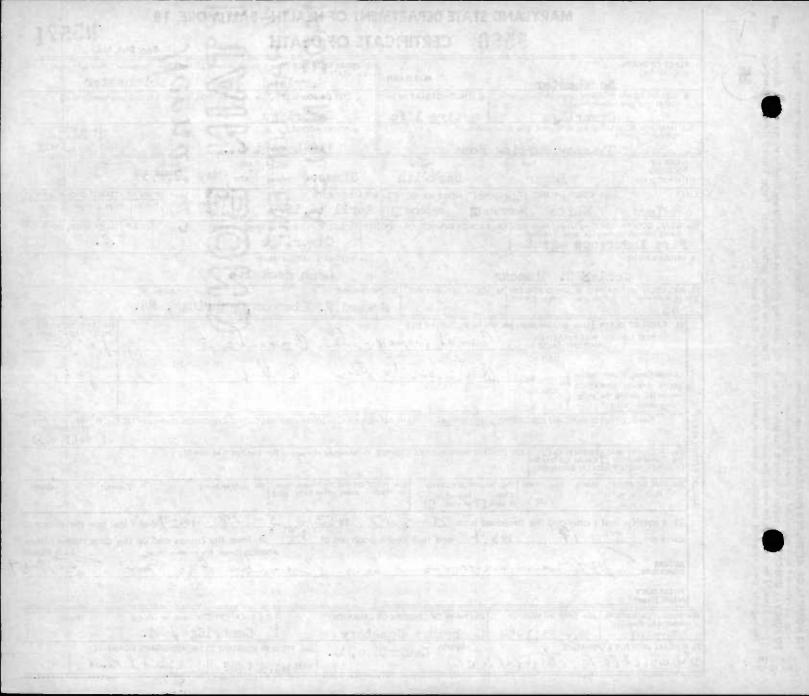
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

090

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5560 **CERTIFICATE OF DEATH**

Reg. Dist. No.

| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (W | here deceased | lived. If instituti | on: Residenc | e before adm | ission) | | | |
|--|---|----------------------------------|---|------------------------|--------------------------------------|--------------|----------------|------------|--|--|--|
| | Dorchester | MARYLAND | Maryla | Maryland Dorchester | | | | | | | |
| RURAL and give | (If autside corporate limits, w neorest town) Cambridge | entire life | c. CITY OR TOWN (IF | | ote limits, write R | URAL ond g | ive nearest to | wn) | | | |
| d. NAME OF HOSP | ITAL (If not in hospital, give s | | d. STREET ADDRESS | 80 | | | e. IS R | ESIDENCE | | | |
| OR INSTITUTION | | ** | | 1 . 0.1 | | | ON | A FARM? | | | |
| | Glasgow Nursi | | 116 Loc | | • | | 163 | NO | | | |
| 3. NAME OF DECEASED (Type or print) | Edgar | Beckwith | Simmons | 4. DATE OF DEATH | May 19. | | Day | Yeor | | | |
| 5. SEX | | MARRIED NEVER MARRIED | | | | | YEAR IF UN | 19 | | | |
| Male | | DOWED DIVORCED | April 14,187 | | 9. AGE (In years loss yirthday) yrs. | | Days Hour | | | | |
| 10a. USUAL OCCUPAT | ON (Give kind of work done | 10b. KIND OF BUSINESS OR INI | DUSTRY 11. BIRTHPLACE (Stote | or foreign co | untry) | 12. CITI | ZEN OF WHA | AT COUNTRY | | | |
| | rking life, even if retired) rance agent | | Cambrid | ge | | J | J.S. | | | | |
| 13. FATHER'S NAME | 200000 | | 14. MOTHER'S MAIDEN I | NAME | | | | | | | |
| Jo | sias S. Simmo | ns | Leah Be | ckwith | | | | | | | |
| | ER IN U. S. ARMED FORCES? | | . INFORMANT | 77.0 | Add | ress | | | | | |
| No | (If yes, give wor or dates of service) | | Howard W. Simm | nons, Ca | mbridge, | Md. | 28-2 | | | | |
| 18. CAUSE OF DE | ATH [Enter only one couse | per line for (o), (b), and (c).] | 0 (| 0 | | | INTERVAL | | | | |
| PART 1. DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | Cerebraso | do la la | es Ve | 1 | | ONSET AN | DEDEATH | | | |
| 422.1 | DUE TO | A-: / | 1 0 | | 701 | | 1 | | | | |
| Conditions, if | and outlab V | 1 Tomal | at ! | 1/1 | | | m | 1 | | | |
| gove rise to | immediate (| Commet da | | 2 | | | 1 | | | | |
| couse (o), stoting | the under- | | | | | | | | | | |
| lying couse lost. | (c) | | | | | | | | | | |
| \$ | HER SIGNIFICANT CONDITIO | ONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERM | INAL DISEASE | CONDITION GIV | EN IN PART | PERF | ORMED? | | | |
| 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) | AS UNDERLYING 206. G CAUSE OF DEATH MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCUR | RED. (Enter noture of injury in | Part I or Port | II of item 18.) | | | | | | |
| 20c. TIME OF INJU Hour a.m. | RY Month, Day, Year 2 | | PLACE OF INJURY (Home, farm foctory, street, office bldg., etc | n, 20f. (City | or town) | (C | ounty) | (Stote) | | | |
| p. m. | | /hile Not while | | | | | | | | | |
| 21. I certify t | hat I attended the dec | eased from Anti- | 17, 1955 to the other than the accurred at 6;00 | 5-1 | 9 1015 | gabat I I | ast saw the | | | | |
| alive anS | 19 | 0 | 6;00 | Ap. | | | | | | | |
| dive dil | | 129, and mar dea | th accurred at | | the causes o | | e date sta | ted abave | | | |
| ACTUAL | JAR - | | 1 | ADDRESS | eet, city or town, | store | 1 | DATE SIGNE | | | |
| SIGNATURE | Midan | mary | _M.D | mar | -63e | mo | <u> </u> | | | | |
| PHYSICIAN'S NAME (Type) | | | | | U | | | | | | |
| 20. BURIAL, CREMATIC | | 22c. NAME OF CEMETERY | OR CREMATORY | 22d. LOCAT | ON (City, Iown, | or county) | (St | ote) | | | |
| Burial | May 21.195 | 9 Cambridge Ce | metery | Cam | bridge, | Md. | | | | | |
| 3. FUNERAL DIRECTOR | | | idge,Md. 240. REC | D BY REGISTA | | TRAR'S SIG | NATURE | | | | |
| Neuro | The Alike | 1/1/n/. Vadio1 | | 0 4 15 | | .1 . 0 | 4 . | | | | |



05572 **CERTIFICATE OF DEATH** 5561 Reg. Dist. No director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Regidence before admission) o. COUNTY 6 filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside/corporate lights, write RURAL and give nearest town) d. NAME OF HOSPITAL/If not in hospital, give street oddress d. STREET ADDRESS e. IS RESIDENCE 061 OR INSTITUTION ON A FARM? YES NO [. 5 NAME OF First Middle 4. DATE Month Yeor filled DECEASED (Type or print) DEATH 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years lost birthdoy) DATE OF BIRTH IPUNDER I YEAR IF UNDER 24 HPS Months Doys Hours Min WIDOWED T DIVORCED popers. 100. USI/AL OCCUPATION (Give kind of work done 106, KIND OR BUSINESS OR INDUSTRY) 11 DERTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 1112 puo carbon TO FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician off эмоша 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ā PART 1. DEATH WAS CAUSED BY: CARDIOVASCULAR DUE TO é Ē Conditions, if ony, which (b) signed gove rise to immediate **DUE TO** couse (o), stoting the underburial-transit lying couse lost. (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH SO 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased burial , and that death accurred of 8:30 alive an M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL should PHYSICIAN'S NAME (Type) 229 BURIAL, CREMATION, 22b. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county) (Stote) poge O FUR REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR ADDRESS 24b. REGISTRAR'S SIGNATURE arthur & Krous VS A15 (4) 15M 9/55

hours ofter death.

within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| T THE SHE WILL BUT | CENTRICATE OF DEATH | |
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| | described | |
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| PART CONTRACTOR | | |
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| | A 18 h Trailing and tracked the | Code code of Lagrandia Funda (Dasa 1, 13 Funda coda Funda coda Funda coda Funda coda Funda coda Funda coda Funda coda Funda coda |
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the registrar priar to burial, crematian,

VS A15 (4) 1SM 9/SB

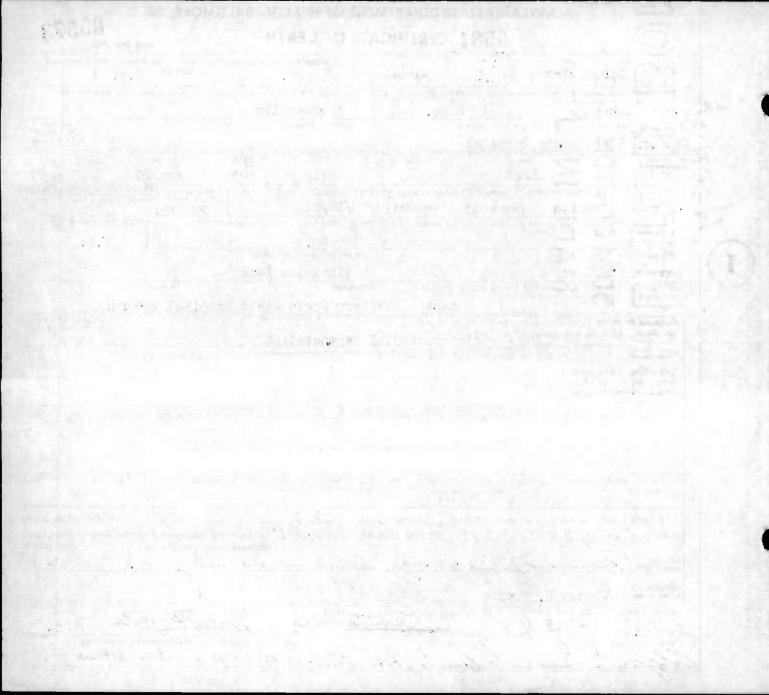
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| 200 | free deat |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5581 CERTIFICATE OF DEATH

(15573) Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY DO | rchester | | MARYLAN | | usual residence (V | Vhere decease | d lived. If institut b. COUNTY | | | ore admis | sion) |
|--|--|------------------------------|------------------------|----------|--|------------------------|--|-----------|----------|-----------|---------------|
| b. CITY OR TOWN (RURAL and give n | If outside corporate lim | its, write | c. LENGTH OF STAY IN 1 | 16 | c. CITY OR TOWN (II | f outside corpo | prote limits, write I | URAL and | give ne | arest taw | m) \ |
| rural Camb | | | 6 mo. | | Grasonvi. | lle | | 17X | - 2 | | |
| OR INSTITUTION | ore State I | | | | d. STREET ADDRESS | -,- | e. IS RESIDENCE ON A FARM? YES NO TO | | | | |
| 3. NAME OF DECEASED (Type or print) | Fi | TER | Middle | | Lost SMITH | 4. DATE OF DEATH | Mo May | | Do | , | Year 19 59 |
| S. SEX | 6. COLOR OR RACE | 7. MAR | RIED NEVER MARRIED | B. C | ATE OF BIRTH | | 9. AGE (In years | | 1 | - | ER 24 HRS |
| male | white | WIDOW | ED DIVORCED | 3 | 8/10/02 | | lost birthday) 50 yrs. | Manths | Days | Hours | Min. |
| waterman | ON (Give kind of work king life, even if retired | done 10b. | KIND OF BUSINESS OR IN | NDUSTRY | 11. BIRTHPLACE (Stor | te or foreign o | ountry) | 12. CI | TIZENO | | COUNTRY |
| 13. FATHER'S NAME | | | | 1 | 4. MOTHER'S MAIDEN | NAME | | | | | |
| Dave Smit | h | | | | Wilhelmina | Lane | | | | | |
| 1S. WAS DECEASED EVE (Yes, no, or unknown) | ER IN U. S. ARMED FOR (If yes, give wor or dates of s | CES? 16. | | | ern Shore | State | | ress | nde | | |
| Conditions, if o gove rise to i couse (a), stating lying couse lost. PART II. OTH | the under- |) | CONTRIBUTING TO DEATH | BUT NO | T RELATED TO THETER | MINAL DISEAS | E CONDITION GI | VEN IN PA | RT 1(a) | PERF | ORMED? |
| (IF EITHER, NOTIFY | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCU | JRRED. (| Enter nature af injury i | n Part I ar Pai | rt II of item 1B.) | | | TES [| NO [|
| 20c, TIME OF INJUR Havr a. m. p. m. | RY Month, Day, Ye | or 20d. I While of war | Not while | foctory | OF INJURY (Home, fa , street, office bldg., e | etc.) | | | (County) | | (State |
| ACTUAL SIGNATURE | Thomas J. I | deceos , 192 | ond that de | | courred of | | the couses or treet, city or town | d on th | | e state | |
| 220. BURIAL, CREMATIC REMOVAL (Specify) | 4/23/ | 59 | 22c. NAME OF CHARTER | Y-OR C | millo | 22d. 19CA | IION (Chip | br county | e | (Sta | ite) |
| 23. FUNERAL DIRECTOR | 'S SIGNATURE | 4 | ADDRESS | 1:01 | | C'D BY REGIS | | STRAR'S S | | | |



al director, filed with leath. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTO filer this certificate has been signed by the attending physician page 3 shauld be de to far use as the burial-transit permit. Then please remove car the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs aft

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| A TIENDING FIT SICIAN: The law requires that the death certiticate be executed within 24 haurs after | d by the haspital ar attending physician. ECTO fee this certificate has been staned by the attending physician and completely filled in by the factors. | be de de rate de la de de la constant de la constan |
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| 1. PLACE OF DEATH o. COUNTY DOX | chester | | MARYLAND | 2. USUAL RESIDENCE o. STATE Mary | | lived. If instituti b. COUNTY | on: Resider | Don | re admissi | ion) |
|--|---|----------|-------------------------|----------------------------------|------------------------|---|--------------------|-----------|-----------------------------|--------|
| RURAL ond give n | bridge | | 65 years | c. CITY OR TOWN | (If outside corpore | ote limits, write R | URAL ond | give nec | rest town | 1} |
| OR INSTITUTION | AL (If not in hospital, gi | | | d. STREET ADDRESS | & Gay S | sts., | | | | FARM? |
| 3. NAME OF DECEASED (Type or print) | Firs Alfred | | Middle Jerry | Stack | 4. DATE OF DEATH | May 26 | | Do | • | Year |
| 5. SEX | White | WIDOWE | | B. DATE OF BIRTH | 74 | 9. AGE (In years lost birthdoy) 85 yrs. | IF UNDER Months | Doys | | |
| during most of work Retired La 13. FATHER'S NAME | ting tire, even it retired) | one 10b. | KIND OF BUSINESS OR IND | Hurlock 14. MOTHER'S MAIDE | ,Md. | untry) | 12. CI | U.S | | COUNTR |
| 15. WAS DECEASED EVE | In Stack R IN U. S. ARMED FORCE (If yes, give war or dates of ser | ES? 16. | SOCIAL SECURITY NO. 17. | Sarah N | ichols | Adda | ess | | | |
| | | Cer | | | 3 | | ambr. | INTE | RVAL BET ET AND 38 ho | DEATH |
| Couse (o), stoting lying couse lost. PART II. OTH | the under- DUE TO (c). IER SIGNIFICANT COND | | ONTRIBUTING TO DEATH BU | THE OWNER OF | | | EN IN PAR | T 1(o) 19 | 9. WAS A PERFOR | RMED? |

5-25-59, 19, to 5-26-59, 19, that I last saw the deceased and that death accurred at 2:30 PM, from the causes and an the date stated above. 5-25-59 21. I certify that I attended the deceased from.___ ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE M.D. 15 Locust Street, Cambridge, Md.

PHYSICIAN'S NAME (Type) Eldridge H. Wolff, M.D. 22b. DATE THEREOF

270. BURIAL, CREMATION, REMOVAL (Specify) Burial May 28,1959 Dorchester Memorial Park Cambridge, Md. ADDRESS 24a. REC'D BY REGISTRAR late Cambridge, Md. DATE JUN 1

22c. NAME OF CEMETERY OR CREMATORY

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

arthur S. Kraus

(Stote)

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5563 CERTIFICATE OF DEATH

| | | | **** | | Reg. Dist. No | |
|---|------------------|--|------------------------|------------------------------------|-------------------|-------------------------------|
| 1. PLACE OF DEATH 0. COUNTY | | 2. USUAL RESIDENC | E (Where decease | | ni Residence befo | ore admission) |
| Dorchester | MARYLAND | 9.5 | vland | b. COUNTY | Dorche | ster |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | OF STAY IN Th | c. CITY OR TOWN | (If outside corp | orote limits, write RL | JRAL and give ne | arest town) |
| Cambridge Lii | fe | /3 Cam | bridge | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pine Street | | d. STREET ADDRE | | | | e. IS RESIDENCE ON A FARM? |
| | | 03 | Pine S | | | YES NO D |
| DECEASED | Middle ington | Stanley | 4. DATE OF DEATH | Moni Mav | | 1 19 59 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVE | R MARRIED | 8. DATE OF BIRTH | | 9. AGE (In years lost birthdoy) | | IF UNDER 24 HRS. |
| 11020 | DIVORCED [| Aug. 19 | 1888 | 70 yrs. | Months Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired) | SINESS OR INDUS | STRY 11. BIRTHPLACE | State or foreign | country) | 12. CITIZEN C | F WHAT COUNTRY |
| | ntering | Dorche | ster C | ounty.Mo | 1. 11 | SA |
| 13. FATHER'S NAME | ****** | 14. MOTHER'S MAIL | | ounds give | 0) | |
| Peter Stanley | | | Mary | Demby | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes. no. or unknown) [(If yes, give wor or dates of service) | IRITY NO. 17. 1 | NFORMANT | Parity | Addre | P\$\$ | |
| No 220-32- | -9351 F | lossie St | anley. | Cambrid | ge. Md. | |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), | | | | | INT | ERVAL BETWEEN |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | e lles | outros | Merc | 11000 | ONS | LAND DEATH |
| DUE TO A | A | , | | | | X |
| Conditions, if ony, which) (b) Chilling | | | | | | |
| gave rise to immediate coese (a), stating the under | | , | | 1-2-1-17 | | .2 |
| lying cause last. (c) Wew | - Rel | was, | ren | | | C |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | G TO DEATH BUT | NOT RELATED TO THE | TERMINAL DISEA | SE CONDITION GIVE | N IN PART 1(0) | PERFORMED? |
| 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW II | NILIPY OF CURREN | (Fotor polyro of injur | ry in Part Lor Pa | et II of item 18 \ | | YES NO |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | NOON OCCORNE | o. (ciner noivre or inju | y iii ruir roi ru | ir ir or neir ro., | | |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUB Hour a. m. p. m. 19 While Not whi at work of work | RRED 20e. PL/ | ACE OF INJURY (Home, story, street, office bldg | form, 20f. (Cit | y or town) | (County) | (State) |
| p. m. 19 at work of work | | 2.0 | 74 | | | |
| 21. I certify that I attended the deceased from | | , 19.5/_, to | Vya- | 3-/, 19-5-, | that I last so | aw the deceased |
| alive on //(4-3/) , 1957 , an | nd that death | occurred at 7.2 | M, fro | m the causes a | nd on the da | te stated above |
| 17/2 | | 1 | ADDRESS (S | itreet, city or town, s | tote) | DATE SIGNED |
| SIGNATURE / Wowpson | | M.D. Cecel | buch | Md | June | 255 |
| PHYSICIAN'S James W. I ho | me/sa | n | | | / | |
| 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME | OF CEMETERY OF | R CREMATORY | 22d. LOCA | TION (City, town, or | r county) | (Stote) |
| Burial 6/3/1959 Waus | ch Ceme | terv | Cam | bridge. | Marvla | h |
| 23. FUNERAL DIRECTOR'S SISMATURE ADDRES | | | REC'D BY REGIS | | TRAR'S SIGNATUR | RE |
| Misker / Carleson Hear | pbridge | . Md. DAT | JUN 1 0 '5 | 9 Chi | ing & there | |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | | | 55 | 82 CERTI | FICA | ALE OF D | EAII | Н | Usail | Reg. | Dist. No. | | |
|---------------|---|--|-------------------|-----------------------------|----------|----------------------|------------|---------------|------------------------------|--|--------------|-----------|----------|
| 1. | PLACE OF DEATH O. COUNTY Dore | chester | | MARY | LAND | 2. USUAL RESID | ence (w | | d lived. If insti b. COUN | 1TY | lence befo | | ian) |
| - | b. CITY OR TOWN (IF | outside corporate limi | s, write | c. LENGTH OF STAY | IN 1b | | 4/ | | prote limits, writ | | | | 1) 🗸 |
| | RURAL ond give ne | orest town) bridge | | 1 yr. 23 | davs | Sa | lisb | יצירוו | | 20 13 | 2-2 | | |
| - | d. NAME OF HOSPITA | AL (If not in haspital, g | ive street a | | ord, y a | d. STREET AI | | U.S. V | | of the state of th | | e. IS RES | IDENCE |
| | OR INSTITUTION | Eastern Sh | ore S | tate Hospi | tal | 52 | 7 W. | Colle | ge Aven | ue | | | FARM? |
| 3. | NAME OF DECEASED | Fir | it | Middle | | Last | | 4. DATE OF | 1 | Month | Da | у | Year |
| | (Type or print) | Gord | don | - | | Ste | wart | DEATH | | May 20 | | | 19 59 |
| 5. : | SEX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIE | ED 🔲 | B. DATE OF BIRTH | | | 9. AGE (In yellost birthdo | IF UND | ER 1 YEAR | | |
| | Male | White | WIDOWE | DIVORCE | D 🗆 | Septembe | r 2. | 1880 | 78 | | Te | Hours | Min. |
| 10a | USUAL OCCUPATIO | N (Give kind of work o | lane 10b. 1 | IND OF BUSINESS O | R INDU | TRY 11. BIRTHPL | CE (Stote | or foreign o | country) | 12.0 | ITIZENOF | WHATC | OUNTRY? |
| | | rk -Forme | e Emr | lowee (Br | read | Co. War | vlano | (Sha | d Poir | it) | U.S | .A. | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | - | | | | 0.0 | *** | |
| | William S | tewart. | | | | Vir | ginia | a Will | iams | | | | |
| 15. | WAS DECEASED EVER | IN U. S. ARMED FOR | | OCIAL SECURITY NO | . 11 | NFORMAN MITS | | | | of u De | augh: | ter- | Sal. |
| (Ye | No. or unknown) | If yes, give war or dates of s | | 14-10-9414 | | EC CRDS: | | | | | - | | |
| _ | | TH [Enter only one co | | | | LIO CLUDO: | | 00111 | 1101.0 | 00 11 | | RVAL BE | TWEEN |
| | | H WAS CAUSED BY | (1) | onic Cardi | • | aulan Di | 50056 | | | | ONS | ET AND | DEATH |
| | 11221 | IMMEDIATE CAUSE (a | OIII. | onic carai | Uvas | COTAL DI | ಶಿರವರೀ | 0 | | | | dish | - |
| | 4000,1 | DUE TO | ~ | | | | | | | | | | |
| | Conditions, if on gave rise to in | nmediate | Gene | eralized A | rter | iosclero | SIS | | | | | gen | |
| | cause (a), stating t | he under DUE TO | | | | | | | | | | | |
| Z | lying cause last. |) (c | OITIONS C | ONTRIBUTING TO DE | ATH BUIT | NOT BELATED TO | THE TERM | INIAI DICEAC | E COMPITION | CIVENTINIB | A DT 1/01/1 | Q VA/A C | ALITOPSY |
| CERTIFICATION | | er significant con | JIIIONS <u>CI</u> | ONIKIBUTING TO DEA | AIH BUI | NOT RELATED TO | THETEKM | INAL DISEAS | E CONDITION | GIVEN IN P. | AKI 1(0) 1 | PERFC | RMED? |
| CERTIF | 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY O | CCURRE | D. (Enter noture of | injury in | Port I or Por | rt II of item 18. | | | | |
| CAL | 20c. TIME OF INJURY | Month, Doy, Yes | r 20d. IN | JURY OCCURRED | 20e. PL/ | ACE OF INJURY (H | lome, farr | n, 20f. (Cit | y or town) | | (County) | | (Stote) |
| MEDICAL | Haur o.m. | 19 | While of work | Not while | foo | tory, street, office | bldg., etc | c.) | | | | | |
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| | | at I attended the | | d II dilliananida | | | , ta | | 20 , 195 | | | | |
| | alive an | May 20 | ., 19 | 22, and that | death | accurred at_ | 7:02 | | | | he date | stated | dbove. |
| | ACTUAL E | Do I | 0. | 121-1-1 | | | | , | itreet, city or to | | | 5 | = 31GNEU |
| | SIGNATURE | 100 | M | June | | M.D. Easte | rn_S | hore S | tate Ho | spita | L, Ca | mbri | dge, M |
| | PHYSICIAN'S E. | DeFilippi | 5 | E | aste | rn Shore | Sta | te Hos | pital, | Cambr: | idge, | Mar | yland |
| 220 | BURIAL, CREMATION REMOVAL (Specify) Burial | May 23 | F 1959 | 22c. NAME OF CEMP Shad P | | t Cemet | ery. | | TION (City, tow Salisb | | | (Stot | e) |
| 23. | FUNERAL DIRECTOR'S | SIGNATURE | -,,,, | ADDRESS | | | | D BY REGIS | | EGISTRAR'S | | RE | |
| H | OLLOWAY | & COMPAN | SA SA | LISBURY | MAR | YLAND | DATEMA | Y 2 6 '5 | 9 (| William & | 2 Hans | 4 | |

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